

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000022**

1. Entity Name  
**6001 F.L.P., A LIMITED PARTNERSHIP**

FILED

00 JAN 27 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6001 PALMER BLVD.  
SARASOTA FL 34232**

Mailing Address  
**6001 PALMER BLVD.  
SARASOTA FL 34232-2843**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0649515</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ANDERSON, HARRY M 6001 PALMER BLVD. SARASOTA FL 34232</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$976,945.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>ANDERSON, HARRY M TRUSTEE 6001 PALMER BLVD. SARASOTA FL 34232</b>	STREET ADDRESS	<del>100003119691--7</del> -02/01/00--01128--019. ****526.25 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	<b>ANDERSON, GAY BEE TRUSTEE 6001 PALMER BLVD. SARASOTA FL 34232</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Harry M Anderson* **HARRY ANDERSON** 1/25/2000 841-377-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (3/99)