

2000 UNIFORM BUSINESS REPORT (UBR)

000432

DOCUMENT # A96000000878

1. Entity Name
INEZ B. WALKER FAMILY LIMITED PARTNERSHIP

FILED
00 MAY -4 PM 4: 20
SECRETARY OF STATE
TALAHASSEE, FLORIDA



Principal Place of Business
2895 MERCY DR.
ORLANDO FL 32808

Mailing Address
2895 MERCY DR.
ORLANDO FL 32808-3807

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3382882** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, INEZ B
2895 MERCY DR.
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$297,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WALKER, INEZ B 2895 MERCY DR. ORLANDO FL 32808
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	600003288586--9 -06/14/00--01042--022 ***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
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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: **SIGNATURE REQUIRED** *Inez B. Walker* *5/1/00* *(407) 299-1126*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

000432