# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000044

1. Entity Name

DICKINSON FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:23

| Principal Place of Business | Mailing Address |
|---|---|
| 1750 RINGLING BLVD.<br>SARASOTA FL 34236 | 1750 RINGLING BLVD.<br>SARASOTA FL 34236-6836 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 330 S. Pineapple Ave | |
| Suite, Apt. #, etc. # 106 | Suite, Apt. #, etc. |
| City & State SARASOTA, FL | City & State |
| Zip 34236 / Country | Zip / Country |

4. FEI Number 65-0716575 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

PIPER, ROBERT
330 S. PINEAPPLE AVE., #106
SARASOTA FL 34236

**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 _____ 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. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $1,145,196.00 | | |

**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 # | P96000074652 | STREET ADDRESS | 3556 E. Forest Lake Dr |
| NAME | DICKINSON G.P., INC. | CITY-ST-ZIP | Sarasota, FL 34232 |
| STREET ADDRESS | 1750 RINGLING BLVD. | | |
| CITY-ST-ZIP | SARASOTA FL 34236 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | mf 2/23/00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 400003148194--4 |
| NAME | | | -02/25/00--01035--007 |
| STREET ADDRESS | | CITY-ST-ZIP | ****526.25 ****526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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 Feb 11-2000 (941)922-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)