

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0010902  
AF

DOCUMENT # **A97000001599**

1. Entity Name

**ALBRITTON & SONS, LTD.**

01 MAY -1 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**NO. 3 ALBRITTON ROAD  
ALTURAS FL 33820**

Mailing Address

**P.O. BOX 256  
ALTURAS FL 33820**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0963348**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBRITTON, NICHOLAS F  
NO. 3 ALBRITTON ROAD  
ALTURAS FL 33820**

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

*Nicholas F. Albritton*  
*Nicholas F. Albritton*

(NOT Required Agent signature required when reinstating)

DATE

*4/27/01*

9. Capital Contributions  
as Shown on record.

**\$252,510.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ALBRITTON, ISAAC F</b>	<b>NO. 3 ALBRITTON ROAD</b>	<b>ALTURAS FL 33820</b>
	<b>ALBRITTON, NICHOLAS F</b>	<b>NO. 3 ALBRITTON ROAD</b>	<b>ALTURAS FL 33820</b>
	<b>ALBRITTON, DALE E</b>	<b>NO. 3 ALBRITTON ROAD</b>	<b>ALTURAS FL 33820</b>

STREET ADDRESS	CITY-ST-ZIP
	<b>400004243174--8</b>
	<b>-05/17/01--01129--002</b>
	<b>****526.25 ****526.25</b>

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:

*Nicholas F. Albritton*  
*Nicholas F. Albritton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*04/27/01 863-537-1343*

CR2E003 (11/00)