

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002205**

1. Entity Name
SHOELESS PARTNERS, LTD.

FILED
00 AUG 29 PM 12: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2 EAST CAMINO REAL
BOCA RATON FL 33432**

Mailing Address
**2 EAST CAMINO REAL
BOCA RATON FL 33432-6106**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0788130**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHOELESS JOE, INC.
2 EAST CAMINO REAL
BOCA RATON FL 33432**

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. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$780,000**

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 #	P97000087998
NAME	SHOELESS JOE, INC.
STREET ADDRESS	2 EAST CAMINO REAL
CITY - ST - ZIP	BOCA RATON FL 33432
DOCUMENT #	F95000005779
NAME	LUBAR CORPORATION
STREET ADDRESS	8411 PRESTON ROAD, SUITE 860, I.B. 28
CITY - ST - ZIP	DALLAS TX 75225
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	600003384306--5
	-09/06/00--01106--005
	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	FF \$526.25
STREET ADDRESS	
CITY - ST - ZIP	
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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** *Joseph R Jackson* **Joseph R Jackson** 28-00 561/417-4605

Signature and typed or printed name of signing general partner Date Daytime Phone #

CP2E003 (9/99)