

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002770**

1. Entity Name

F. CARLYLE PLATT FAMILY LIMITED PARTNERSHIP

FILED
00 JAN 18 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2200 SIMON ROAD
MELBOURNE FL 32904

Mailing Address
2200 SIMON ROAD
MELBOURNE FL 32904-9736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3213074**

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

CELIO, ALBERT D ESQ.
976 BREVARD AVE., SUITE A
ROCKLEDGE FL 32955

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$5,896,807.00**

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 # **P97000106398**
 NAME **F.C. PLATT, INC.**
 STREET ADDRESS **2200 SIMON ROAD**
 CITY - ST - ZIP **MELBOURNE FL 32904**

STREET ADDRESS
 CITY - ST - ZIP

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 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

500003107346--9
-02/24/00--01001--013
******526.25 ****526.25**

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200003109702--3
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **F. Carlyle Platt** *F. Carlyle Platt* **Partner** **1-12-00** **407-7230884**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #