

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A97000002770**

1. Entity Name  
**F. CARLYLE PLATT FAMILY LIMITED PARTNERSHIP**

**FILED**  
01 APR 11 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*inf*

Principal Place of Business  
**2200 SIMON ROAD  
MELBOURNE FL 32904**

Mailing Address  
**2200 SIMON ROAD  
MELBOURNE FL 32904**



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

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

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3213074** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CELIO, ALBERT D ESQ.  
976 BREVARD AVE., SUITE A  
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent  
Name **JANET P. PLATT**  
Street Address (P.O. Box Number is Not Acceptable)  
**2200 SIMON RD.**  
City **MELBOURNE, FL** Zip Code **32904**

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 *Janet P. Platt* **JANET P PLATT** **4-8-01**  
Signature, if not printed name of registered agent and file 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	
DOCUMENT #	<b>P97000106398</b>
NAME	<b>F.C. PLATT, INC.</b>
STREET ADDRESS	<b>2200 SIMON ROAD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004033394 - 6</b>
CITY-ST-ZIP	<b>-04/19/01--01095--010</b>
STREET ADDRESS	<b>****526.25 - ****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *F. Carlyle Platt* **4-8-01** **321-723-0884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)