

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010358  
AJ

**DOCUMENT # A98000000473**  
 1. Entity Name  
**THE SHACKELFORD FAMILY LIMITED PARTNERSHIP**

APPROVED  
AND  
FILED

00 APR 11 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
 P.O. BOX 1420  
 WAUCHULA FL 33873

Mailing Address  
 P.O. BOX 1420  
 WAUCHULA FL 33873-1420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **65-0815263** **APPLIED FOR**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHACKELFORD, CHARLES L**  
**1070 WEST LOUISIANA STREET**  
**WAUCHULA FL 33873**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$700,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$700,000.00**

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 #	P98000016717
NAME	SHACKELFORD ASSOCIATES, INC.
STREET ADDRESS	P.O. BOX 1420
CITY - ST - ZIP	WAUCHULA FL 33873
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Charles L Shackelford* **4-5-2000** 941-773-3263  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)