

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001695**

1. Entity Name

TREXLER FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:22



DO NOT WRITE IN THIS SPACE

Principal Place of Business 222 WEST COMSTOCK AVENUE, SUITE 210 WINTER PARK FL 32789	Mailing Address 222 WEST COMSTOCK AVENUE, SUITE 210 WINTER PARK FL 32789-4272
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2. Principal Place of Business 222 S. Pennsylvania Ave. Suite, Apt. #, etc. Suite 200	3. Mailing Address P.O. Box 2146 Suite, Apt. #, etc.
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City & State Winter Park, FL	City & State Winter Park, FL
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4. FEI Number 59-3523107	Applied For <input type="checkbox"/> Not Applicable
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Zip 32789	Country U.S.	Zip 32790	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALTSMAN, ROBERT P
222 WEST COMSTOCK AVENUE, SUITE 210
WINTER PARK FL 32789

Name
Street Address (P.O. Box Number is Not Acceptable) 222 S. Pennsylvania Ave., Suite 200
City Winter Park, FL Zip Code 32789

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. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	TREXLER, TERRY E 2004 S.E. 11TH STREET OCALA FL 32671	STREET ADDRESS	4000003163114--2
		CITY - ST - ZIP	-03/09/00--01007--022 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	W/ 3/6/00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-22-00 **352-732-5157**
Date Daytime Phone #

CR2E003 (9/99)