| 2000 UNIFORM BUSINESS REPO | RT (UBR) |
|---|--|
| DOCUMENT # A9800002378 | |
| 1. Entity Name BEYEL FAMILY PARTNERSHIP, LTD. | FILED |
| | 00 JAN 19 PM 12: 13 |
| Principal Place of Business Mailing Address 4270 PINE STREET 4270 PINE STREET | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| COCOA FL 32926 COCOA FL 32926-2111 | (ALLANASSEL, LONDA |
| | |
| 2. Principal Place of Business NICKLEDGE DR. 3. Mailing Address | 506 |
| Suite, Apt. #, etcSuite, Apt. #, etc | DO NOT WRITE IN THIS SPACE |
| Rity& Stage LEDGE, FL COCOA | 4. FEI Number 59-3535522 Applied For Not Applied For |
| Zip 32955 CONNTREVARD Zip 32923 | See Required 5. Certificate of Status Desired Fee Required |
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent Name |
| BEYEL, MARK J 4270 PINE STREET | Street Address (B.O. BoldNymber is Not Acceptable DRIVE |
| COCOA FL 32926 | |
| | POCKLEDGE FL 392955 |
| 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. (NGTE | Registered Agent signature required when reinstating) DATE |
| 9. Capital Contributions as Shown on record. \$8,000,000.00 In FLORIDA to day | 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# P98000083801 | STREET ADDRESS 2315 POCULEDES TOURS |
| NAME BEYEL FAMILY GP, INC. STREET ADDRESS 4270 PINE STREET | RUND MERLEDGE PHINE |
| CITY-ST-ZP COCOA FL 32926 | NOCHLEDGE, PL 32/188 |
| NAME STREET ADDRESS | STREET ADDRESS |
| CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT ≠ NAME | STRET ADDRESS 200031058723 -01/21/0001023021 |
| STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP *****526.25 *****526.25 |
| DOCUMENT # NAME | STREET ADDRESS |
| STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # NAME . | STREET ADDRESS |
| STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP |
| DOCUMENT # NAME | STREET ADDRESS |
| STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP |
| 11 | the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be same legal effect as if made under oath; that I am a General Partner of the limited partnership. |
| 14. I hereby certify that the information supplied with this filling 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: SIGNATURE AND THE ORDERNIED NAME OF SIGNING GENERAL MARTHER DEVEL 1-14-80 Bate Devine Phone # | |