

2001 UNIFORM BUSINESS REPORT (UBR)

0012423 AF

DOCUMENT # A98000002429

1. Entity Name

SHIELDS FAMILY LIMITED PARTNERSHIP

FILED

01 APR 24 PM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3294 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

Mailing Address

3294 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551668

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

SHIELDS, DANNIE J SR.
3294 SPRUCE CREEK GLEN
DAYTONA BEACH FL 32124

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.

\$800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 #
NAME SHIELDS, TOMMY D
STREET ADDRESS 1555 BELLA VISTA DRIVE
CITY-ST-ZIP ENCINITAS CA 92024

STREET ADDRESS _____
CITY-ST-ZIP 200004162762--9
-05/08/01--01102--013
****141.25 ****141.25

DOCUMENT #
NAME SHIELDS, CHARLIE
STREET ADDRESS 749 BOSTON AVENUE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT #
NAME SHIELDS, WALLACE H
STREET ADDRESS 710 SHIELDS ROAD
CITY-ST-ZIP DALTON GA 30720

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT #
NAME SKRABAK, PATRICIA D
STREET ADDRESS 532 HERMES AVENUE
CITY-ST-ZIP ENCINITAS CA 92024

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT #
NAME SHIELDS, DANNIE J SR.
STREET ADDRESS 3294 SPRUCE CREEK GLEN
CITY-ST-ZIP DAYTONA BEACH FL 32124

STREET ADDRESS _____
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: DANNIE J. SHIELDS SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Deputy Phone

4/14/01

(904) 267-5557

CP2E003 (11/00)