

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002573**

1. Entity Name

LEWIS FAMILY FARMS PARTNERSHIP, LTD.

FILED

00 APR -6 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**220 S.W. 32ND STREET
FT. LAUDERDALE FL 33315**

Mailing Address
**220 S.W. 32ND STREET
FT. LAUDERDALE FL 33315-3324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ROUTE 2 BOX 311
Suite, Apt. #, etc.

3. Mailing Address
P O BOX 21107
Suite, Apt. #, etc.

City & State
ROCKY MOUNT, NC

City & State
FT. LAUDERDALE, FL.

4. FEI Number
65-0877673

Applied For
Not Applicable

Zip
27801
Country
USA

Zip
33335-1107
Country
USA

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

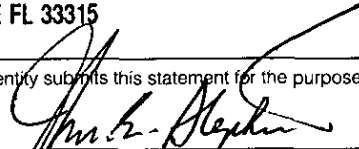
**LEWIS, JAMES R JR.
C/O LEWIS MARINE SUPPLY, INC.
220 S.W. 32ND STREET
FT. LAUDERDALE FL 33315**

Name
JOHN E. STEPHENS

Street Address (P.O. Box Number is Not Acceptable)
220 S W 32ND STREET

City
FT. LAUDERDALE, FL Zip Code
33315

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  **JOHN E. STEPHENS**
Signature, typed or printed name of registered agent and title if applicable.

3/27/00
DATE

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000076548**
NAME **LEWIS FARMS, INC.**
STREET ADDRESS **220 S.W. 32ND STREET**
CITY - ST - ZIP **FT. LAUDERDALE FL 33315**

STREET ADDRESS

CITY - ST - ZIP

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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

JAMES R. LEWIS, JR. 3/27/00 (954)523-4371

Date

Daytime Phone #