

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002771**

1. Entity Name
GLOTFELTY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -5 AM 9:25




DO NOT WRITE IN THIS SPACE

Principal Place of Business 2233 NOTTINGHAM ROAD LAKELAND FL 33803-3523	Mailing Address 2233 NOTTINGHAM ROAD LAKELAND FL 33803-3523
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3546804	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

GLOTFELTY, JOHN W
2233 NOTTINGHAM ROAD
LAKELAND FL 33803-3523

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)
Signature, typed or printed name of registered agent and title if applicable DATE _____

9. Capital Contributions as Shown on record. \$2,160,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	GLOTFELTY, JOHN W
NAME	2233 NOTTINGHAM ROAD
STREET ADDRESS	LAKELAND FL 33803-3523
CITY - ST - ZIP	
DOCUMENT #	GLOTFELTY, BONNIE
NAME	2233 NOTTINGHAM ROAD
STREET ADDRESS	LAKELAND FL 33803-3523
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003324048--4
CITY - ST - ZIP	071700-01013-023 ***535.00 ***535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: *[Handwritten Signature]* **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **Apr 18 2000** Daytime Phone # **686-6032** **(863)**