

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A98000002851  
**1. Entity Name**  
 FRANCES M. PRUITT LIMITED PARTNERSHIP II

**FILED**  
 01 AUG 10 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business** 360 COFFEE POT RIVIERA, N.E. ST. PETERSBURG FL 33704  
**Mailing Address** 360 COFFEE POT RIVIERA, N.E. ST. PETERSBURG FL 33704

**2. Principal Place of Business** Suite, Apt. #, etc. City & State Zip Country  
**3. Mailing Address** Suite, Apt. #, etc. City & State Zip Country

**DUE BY SEPTEMBER 26, 2001**  
**4. FEI Number** 59-3569099 Applied For Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 PRUITT, FRANCES M  
 360 COFFEE POT RIVIERA, N.E.  
 ST. PETERSBURG FL 33704

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**9. Capital Contributions as Shown on record.** \$2,108,700.00  
**10. Amount of Capital Contributions in FLORIDA to date.** 539,076  
**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 #                      | PRUITT, FRANCES M TRUSTEE<br>360 COFFEE POT RIVIERA, N.E.<br>ST. PETERSBURG FL 33704 | STREET ADDRESS           |  |
| NAME                            |  | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |  |                          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |  |                          |  |
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| NAME                            |  | CITY-ST-ZIP              |  |
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| NAME                            |  | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |  |                          |  |

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**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:** *Frances M. Pruitt* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: 7/13/01 Daytime Phone #: 727-895-3035

CR2E003 (5/01)