

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002084 AF

**DOCUMENT # A98000002895**

1. Entity Name  
**1995 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.**

Principal Place of Business  
**450 S. ORANGE AVENUE  
 ORLAND FL 32801-3336**

Mailing Address  
**450 S. ORANGE AVENUE  
 ORLAND FL 32801-3336**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 4920**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FL 32801**

4. FEI Number  
**59-3309029**

Applied For  
 Not Applicable

Zip Country  
**32802-4920 USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GALBRAITH, JAMES C  
 450 S. ORANGE AVENUE  
 ORLAND FL 32801-3336**

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 \_\_\_\_\_  
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. **\$425,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$425,000.00**

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 #	<b>GALBRAITH, JAMES C</b>	STREET ADDRESS	
NAME	<b>450 S. ORANGE AVENUE</b>	CITY-ST-ZIP	<b>000004421500--2</b>
STREET ADDRESS	<b>ORLAND FL 32801-3336</b>		<b>-06/14/01--01131--024</b>
CITY-ST-ZIP			<b>****526.25 ****526.25</b>
DOCUMENT #	<b>698955</b>	STREET ADDRESS	
NAME	<b>THE GALBRAITH MANAGEMENT COMPANY, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>450 S. ORANGE AVENUE</b>		
CITY-ST-ZIP	<b>ORLAND FL 32801-3336</b>		
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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:** James C. Galbraith **James C. Galbraith** 4/3/01 **(407) 650-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)

FILED

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DO NOT WRITE IN THIS SPACE