

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001848**

1. Entity Name

**SECOND YORK FAMILY LIMITED PARTNERSHIP**

FILED

00 SEP 29 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**18227 CUTLASS DRIVE  
FORT MYERS BEACH FL 33931**

Mailing Address  
**18227 CUTLASS DRIVE  
FORT MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**YORK, MARCIA L  
18227 CUTLASS DRIVE  
FORT MYERS BEACH FL 33931**

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) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$100,000.00**

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 #  
NAME **YORK, MARCIA L TRUSTEE**  
STREET ADDRESS **18227 CUTLASS DRIVE**  
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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CITY-ST-ZIP

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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: **x Marcia L York**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/26/00** **941-466-3482**  
Date Daytime Phone #

CR2E003 (5/00)