

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # B 99 0000000 34
 1. Entity Name
 THE BOTS FORD FAMILY LIMITED PARTNERSHIP

FILED

01 JUN 25 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1130 EAST COLLINWOOD CIRCLE SAME
 OPELIKA, AL 36801

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

4. FEI Number 63-122826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 THOMAS M. BOTS FORD, III
 721 North 19th AVE.
 PENSACOLA, FL 32501

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) _____ DATE _____

9. Capital Contributions as Shown on record. \$ 294,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 294,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G 98337000157	STREET ADDRESS	
NAME	THE BOTS FORD MANAGEMENT TRST, 11/4/00	CITY-ST-ZIP	100004451551--7
STREET ADDRESS	1130 EAST COLLINWOOD CIRCLE		-06/29/01--01039--030
CITY-ST-ZIP	OPELIKA, AL 36801		***526.25 ***526.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 820, Florida Statutes

SIGNATURE: Thomas M. Botsford THOMAS M. BOTS FORD 6/21/01 (334) 745-5017
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #