

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019414 AB

DOCUMENT # **B99000000034**

1. Entity Name  
**THE BOTSFORD FAMILY LIMITED PARTNERSHIP**

FILED

02 MAY 20 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1130 EAST COLLINWOOD CIRCLE  
OPELIKA AL 36801**

Mailing Address  
**1130 EAST COLLINWOOD CIRCLE  
OPELIKA AL 36801**



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

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

4. FEI Number **63-1212826** Applied For  Not Applicable

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

**BOTSFORD, THOMAS M III  
721 NORTH 19TH AVENUE  
PENSACOLA FL 32501**

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.

9. Capital Contributions as Shown on record. **\$294,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **294,000**

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>G98327000157</b>	STREET ADDRESS	
NAME	<b>THE BOTSFORD MANAGEMENT TRUST</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1130 EAST COLLINWOOD CIRCLE</b>	STREET ADDRESS	<b>300005678413--2</b>
CITY-ST-ZIP	<b>OPELIKA AL 36801</b>	CITY-ST-ZIP	<b>06/04/02-01089-008</b>
DOCUMENT #		STREET ADDRESS	<b>***526.25 ***526.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Thomas M. Botsford* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **5-17-02 334-745-5017**

CR2E003 (9/01)