

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002008

1. Entity Name

BRYANT FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:09

Principal Place of Business
1320 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

Mailing Address
1320 THOMASWOOD DRIVE
TALLAHASSEE FL 32312-2914



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3437052

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEEKER, VAN P
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

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.

\$565,000.00

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
STREET ADDRESS
CITY - ST - ZIP
BRYANT, GERALD D. N.
2545 NOBLE DRIVE
TALLAHASSEE FL 32301

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
K76123
PACIOLI SYSTEMS, INC.
1320 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 25, 2000

BRYANT FAMILY LIMITED PARTNERSHIP
1320 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

SUBJECT: BRYANT FAMILY LIMITED PARTNERSHIP
Ref. Number: A95000002008

We have received your document for **BRYANT FAMILY LIMITED PARTNERSHIP** and check(s) totaling \$484.25. However, your check(s) and document are being returned for the following:

The fee to file the enclosed annual report/uniform business report is \$526.25. If a certificate of status is desired, please add an additional \$8.75. The basic annual report/uniform business report filing fee is figured at the rate of \$7.00 per thousand on the actual capital contribution plus a supplemental fee of \$88.75 pursuant to s. 607.193, Florida Statutes, effective 1/1/97. The filing fee shall be no less than \$141.25 (\$52.50 + \$88.75) and no more than \$526.25 (\$437.50 + \$88.75).

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations