

2001 UNIFORM BUSINESS REPORT (UBR)

0009461 AF

DOCUMENT # A00000000245

1. Entity Name

OFFER FAMILY PARTNERSHIP, LTD.

FILED

Principal Place of Business

4010 BOY SCOUT BOULEVARD, SUITE 700
TAMPA FL 33607

Mailing Address

4010 BOY SCOUT BOULEVARD, SUITE 700
TAMPA FL 33607

01 JAN 29 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

☒ 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

7. Name and Address of New Registered Agent

OFFER, FRANK J III
4010 BOY SCOUT BOULEVARD, SUITE 700
TAMPA FL 33607

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.

\$1,500,000.00

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
OFFER, FRANK J III
4010 BOY SCOUT BOULEVARD, SUITE 700
TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

000003662270--2

-02/08/01--01034--024

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MCCARTHY, SHARON M
6619 HOLLANDAIRE DRIVE
BOCA RATON FL 33433

STREET ADDRESS

CITY-ST-ZIP

***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
TAYLOR, JULIE A
780 PROVIDENCE DRIVE
LAWRENCEVILLE GA 30044

STREET ADDRESS

CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/01

Date

Daytime Phone

CR2E003 (11/00)