

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000839

1. Entity Name

CONSOLIDATED INVESTMENTS FAMILY LIMITED PARTNERSHIP

PARTNERSHIP

FILED

Principal Place of Business

6172 EAST BAY BOULEVARD
GULF BREEZE FL 32561 32563

Mailing Address

6172 EAST BAY BOULEVARD
GULF BREEZE FL 32561 32563

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

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

COLLINS, LAURENCE W
6172 EAST BAY BOULEVARD
GULF BREEZE FL 32561 32563

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.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,341,740

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

COLLINS, LAURENCE W
6172 EAST BAY BOULEVARD
GULF BREEZE FL 32561

STREET ADDRESS

CITY-ST-ZIP

32563

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

COLLINS, JOHN B
1700 SCENIC HIGHWAY - UNIT 400
PENSACOLA FL 32503

STREET ADDRESS

CITY-ST-ZIP

100004488511--8

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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

Laurence W. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/16/01 850/934-8751
Date Daytime Phone #

0003248 AB

CR2E003 (5/01)

STAPLE CHECK HERE