

# 2002 UNIFORM BUSINESS REPORT (UBR)

000714 AT

DOCUMENT # A00000000925

1. Entity Name

BRYAN ENTERPRISES FAMILY PARTNERSHIP, LTD.

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business  
232 SABINE DRIVE  
PENSACOLA BEACH FL 32561

Mailing Address  
232 SABINE DRIVE  
PENSACOLA BEACH FL 32561

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3659505 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

BRYAN, NELLIE B  
232 SABINE DRIVE 232 Sabine Ave  
PENSACOLA BEACH FL 32561

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. DATE

9. Capital Contributions as Shown on record. \$1,000,000.00 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	L00000004312 BRYAN MANAGEMENT, L.L.C. 232 SABINE DRIVE PENSACOLA BEACH FL 32561	STREET ADDRESS CITY-ST-ZIP	
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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: X [Signature] SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING GENERAL PARTNER

X Mar 19, 2002 X 932-6038  
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE