

2001 UNIFORM BUSINESS REPORT (UBR)

0008314 AF

DOCUMENT # **A00000000999**

1. Entity Name

NANCY M. PHIPARD FAMILY LIMITED PARTNERSHIP

FILED

01 JUN -4 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1630 LANDS END ROAD
MANALAPAN FL 33462

Mailing Address

1630 LANDS END ROAD
MANALAPAN FL 33462

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1026953

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHIPARD, INC.
1630 LANDS END ROAD
MANALAPAN FL 33462

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Handwritten Signature]

DATE

9. Capital Contributions

\$1,700,000.00

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

DOCUMENT # P00000057445
NAME PHIPARD, INC.
STREET ADDRESS 1630 LANDS END ROAD
CITY-ST-ZIP MANALAPAN FL 33462

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

~~6888001122015776~~
~~###325.25 ###325.25~~

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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: **X NANCY M. PHIPARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nancy M. Phipard 3/29/01

Date

Daytime Phone #

-561-582-1536

CR2E003 (11/00)