

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001691

1. Entity Name

THE BANE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

6215 THOMAS DRIVE
PANAMA CITY FL 32408

Mailing Address

601 PIEDMONT DRIVE
TALLAHASSEE FL 32312

2. Principal Place of Business

601 Piedmont DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32312

Country

USA

Country

4. FEI Number

59-3689656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANE, MARK JR.
601 PIEDMONT DRIVE
TALLAHASSEE FL 32312

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.

\$0.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
BANE, MARK C JR.
601 PIEDMONT DRIVE
TALLAHASSEE FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BANE, BETTY C
601 PIEDMONT DRIVE
TALLAHASSEE FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100004622021--5
-10/03/01--01068--002
****541.25 ****541.25

BK

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:

Mark C Bane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/26/01

Date

386-5110

Daytime Phone #

FILED
01 SEP 27 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (5/01)