

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001867

1. Entity Name

THE NEWMAN FAMILY PROPERTIES, LTD.

FILED

01 AUG 23 PM 12:17

Principal Place of Business

C/O ROBBIE L. NEWMAN
3129 SYDNEY DOVER ROAD
DOVER FL 33527

Mailing Address

C/O ROBBIE L. NEWMAN
P.O. BOX 1380
DOVER FL 33527

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Dover FL 33527
Suite, Apt. #, etc.

P.O. Box 1380
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

Dover FL 33527
Zip Country

Dover FL 33527
Zip Country USA

4. FEI Number

59-3691728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, ROBBIE L
3129 SYDNEY DOVER ROAD
DOVER FL 33527

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

\$50,000.00

10. Amount of Capital Contributions

in FLORIDA to date 50,000

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
NEWMAN, ROBBIE L TRUSTEE
P.O. BOX 1380
DOVER FL 3527

STREET ADDRESS
CITY-ST-ZIP
437.5D-4P
88.75-Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
NEWMAN, GENE E TRUSTEE
P.O. BOX 1380
DOVER FL 3527

STREET ADDRESS
CITY-ST-ZIP
312.00-GRF

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

200004569072-2
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****838.75 ****838.75

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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

Robbie L Newman
83-659-1532
Date Daytime Phone #

CR2E003 (5/01)