

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014369  
AT

DOCUMENT # A01000000971

1. Entity Name

BRANDON A. CAMPBELL FAMILY LIMITED PARTNERSHIP

02 JUN -3 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

GEORGE H. CAMPBELL  
5232 SLIGH AVE  
LAKELAND FL 33813

Mailing Address

GEORGE H. CAMPBELL  
5232 SLIGH AVE  
LAKELAND FL 33813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. EI 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

CAMPBELL, GEORGE H  
5232 SLIGH AVE  
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

000005693350--0

-06/06/02--01012--007

\*\*\*\*223.50 \*\*\*\*223.50

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.

\$1,460,654.30

10. Amount of Capital Contributions  
in FLORIDA to date.

418,000.00

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: CAMPBELL, GEORGE H  
STREET ADDRESS 5232 SLIGH AVE  
CITY-ST-ZIP LAKELAND FL 33813

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

126.00 Up  
88.75-Adm  
8.75-Cert

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 (863) 646-9141

Date

Daytime Phone #

CR2E003 (9/01)