

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

002101 FP

DOCUMENT # A02000000977

1. Entity Name
PASSMORE FAMILY LIMITED PARTNERSHIP



FILED
03 MAY -6 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
445 10TH STREET, NW
VERO BEACH, FL 32962

Mailing Address
445 10TH STREET, NW
VERO BEACH FL 32962

2. Principal Place of Business
445 10TH STREET S.W.

3. Mailing Address
445 10TH STREET S.W.

Suite, Apt. #, etc.

City & State
Vero Beach, FL

Zip
32962

Country
USA

DUE BY MAY 1, 2003

4. FEI Number
52-2372358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$300,100.00

10. Amount of Capital Contributions in FLORIDA to date. \$400,000.00

11. MAKE CHECK PAYABLE TO FL. 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 #	SHIRLEY, GRACE A	STREET ADDRESS	700018298227
NAME	324 A VILLAGE DRIVE	CITY-ST-ZIP	05/06/03--01074--006 **526.25
STREET ADDRESS	ST. AUGUSTINE FL 32084		
CITY-ST-ZIP			
DOCUMENT #	PASSMORE, GAY S	STREET ADDRESS	445 10TH STREET S.W.
NAME	445 10TH STREET, NW	CITY-ST-ZIP	Vero Beach, FL 32962
STREET ADDRESS	VERO BEACH FL 32962		
CITY-ST-ZIP			
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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: SIGNATURE REQUIRED Gay S. Passmore 4/8/03 772-978-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)