

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002234  
AB

**DOCUMENT #** A02000001176

**1. Entity Name**  
MORRIS D. ANDERSON FAMILY PARTNERSHIP, LLLP



FILED

2003 OCT -3 AM 8:08

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
10700 BRONSON ROAD  
CLERMONT FL 34711

**Mailing Address**  
~~10700 BRONSON ROAD~~  
CLERMONT FL 34711

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
MORRIS D. ANDERSON FAMILY PARTNERSHIP, LLLP  
Suite, Apt. #, etc.  
P.O. Box 120430  
City & State  
CLERMONT FL  
Zip Country  
34712 LAKE

**4. FEI Number**  
52-2384455

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

**Applied For**  
☐ Not Applicable

**6. Name and Address of Current Registered Agent**  
ANDERSON, MORRIS D  
10700 BRONSON ROAD  
CLERMONT FL 34711

**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.** \$1,800,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** **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**

DOCUMENT #	ANDERSON, MORRIS D TRUSTEE
NAME	10700 BRONSON ROAD
STREET ADDRESS	CLERMONT FL 34711
CITY-ST-ZIP	
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	300023173913 10/03/03--01012--015 **488.75
CITY-ST-ZIP	
STREET ADDRESS	300023173913 09/18/03--01061--014 **437.50
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** Morris D. Anderson **SIGNATURE REQUIRED** 9/15/03 (352) 394-2309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)