

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A13282
 1. Entity Name
GALLOWAY FAMILY PARTNERSHIP, LTD.

FILED
 01 JAN 22 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Principal Place of Business Mailing Address
 P.O. BOX 10676 3347 HENDERSON BLVD.
 TAMPA FL 33679 TAMPA FL 33679



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2213129** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GALLOWAY, JOHN R.
3333 HENDERSON BLVD.
TAMPA FL 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$15,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GALLOWAY, JOHN 1911 WYKAGYL TAMPA FL	STREET ADDRESS	600003889936--9 -03/21/01--01037--003 ***193.75 ***193.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	PETRIDES, LAURA GALLOWAY 4928 BAYWAY DR. TAMPA FL 33629	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *John R. Galloway* **SIGNATURE REQUIRED** 1/17/01 (813) 823-1937
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)