

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26558**

1. Entity Name

**THE DALE E. WOLFORD FAMILY LIMITED PARTNERSHIP-C**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 5:45

Principal Place of Business  
3500 TUSKAWILLA RD., SOUTH  
OVIEDO FL 32765

Mailing Address  
3500 TUSKAWILLA RD., SOUTH  
OVIEDO FL 32765-8561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2890706**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**WOLFORD, DALE E.**  
3500 TUSKAWILLA RD., SOUTH  
OVIEDO FL 32765

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$21,560.00**

10. Amount of Capital Contributions in FLORIDA to date. **21560.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WOLFORD, DALE E. 4083 BELLE MEADE COURT CASSELBERRY FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WOLFORD, JACQUELINE D. 4083 BELLE MEADE COURT CASSELBERRY FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	AR - 150.92 ARSUPP 88.75 ----- 239.67
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	000003179150--2
CITY - ST - ZIP	-03/22/00--01010--022
STREET ADDRESS	****239.67 ****239.67
CITY - ST - ZIP	AK
STREET ADDRESS	3/6
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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: Dale E. Wolford **REQUIRED** Date 3/1/00 Daytime Phone # (407) 677-6000

CRPENN 7/0/00