

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # A28083**

1. Entity Name

FLOYD A. STERN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

601 LAUREL LN

601 LAUREL LN

LAKELAND
33813

FL

LAKELAND
33813

FL

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

59-2967376

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

7. Name and Address of New Registered Agent

STERN, FLOYD A., MD
601 LAUREL LNLAKELAND
33813

US

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/24/2001

DATE

9. Capital Contributions
as Shown on record. 500,000.0010. Amount of Capital Contributions
in FLORIDA to date. 500,000.0011. 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	STREET ADDRESS	
NAME	STERN, FLOYD A., MD	CITY-ST-ZIP	
STREET ADDRESS	601 LAUREL LN		
CITY-ST-ZIP	LAKELAND FL 33813		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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: Floyd A. Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/24/2001

Date

Daytime Phone #

CR2E003 (11/00)