

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014618 AF

DOCUMENT # **A29498**

1. Entity Name

**GOOLSBY LIMITED PARTNERSHIP**

**FILED**

**01 APR 19 PM 12:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**10501 MCMULLEN ROAD  
RIVERVIEW FL 33569**

Mailing Address

**11501 BOYETTE RD.  
RIVERVIEW FL 33569**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2988115**

Applied For

Not Applicable

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

**FRAZIER, NORMA GOOLSBY  
10501 MCMULLEN ROAD  
RIVERVIEW FL 33569**

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

*Norma G. Frazier*

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

(NOTE: Registered Agent signature required when reinstating)

**3/26/01**

DATE

9. Capital Contributions  
as Shown on record.

**\$190,000.00**

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 #  
NAME **FRAZIER, NORMA GOOLSBY**  
STREET ADDRESS **10501 MCMULLEN ROAD**  
CITY-ST-ZIP **RIVERVIEW FL**

STREET ADDRESS

CITY-ST-ZIP

**3000004103013--B**

DOCUMENT #  
NAME **GOOLSBY, MILDRED ALVA**  
STREET ADDRESS **11709 BOYETTE RD.**  
CITY-ST-ZIP **RIVERVIEW FL**

STREET ADDRESS

CITY-ST-ZIP

**-05/01/01--01086--023  
\*\*\*\*526.25 \*\*\*\*526.25**

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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:

*Norma G. Frazier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)