

2002 UNIFORM BUSINESS REPORT (UBR)

0019823 AB

DOCUMENT # **A32236**

1. Entity Name

THE BOOTHBY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**P.O. BOX 06189
COLUMBUS OH 43206**

Mailing Address

**P.O. BOX 06189
COLUMBUS OH 43206**

FILED

02 JUN 18 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0312488

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

**KELLY, CHARLES M., JR.
% KELLY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE PARKWAY
NAPLES FL 33942**

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.

DATE

9. Capital Contributions
as Shown on record.

\$3,000,000.00

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	THUN, BARBARA B.
STREET ADDRESS	67 EVANS HILLS ROAD
CITY-ST-ZIP	SINKING SPRING PA
DOCUMENT #	
NAME	BOOTHBY, WILLIAM F.
STREET ADDRESS	4028 PEBBLE BEACH DR.
CITY-ST-ZIP	NIWOT CO
DOCUMENT #	
NAME	BOOTHBY, DAVID W.
STREET ADDRESS	P.O. BOX 06189
CITY-ST-ZIP	COLUMBUS OH 43206
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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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:

William F. Boothby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02 303-444-3525
Date Daytime Phone #

CR2E003 (9/01)