

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000039**

1. Entity Name

**THORNTON FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

P.O. BOX 0144

BRECKENRIDGE CO 80424

*New Address*

**Martha K. Thornton  
P. O. Box 326  
Louisville, Colorado 80027**

Mailing Address

P.O. BOX 0144

BRECKENRIDGE CO 80424

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

**59-3150541**

Applied For

Not Applicable

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

**LESTER, BELFORD S III  
175 LOOKOUT PLACE  
SUITE 200  
MAITLAND FL 32751**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$1,329,533.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR PAY 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

CITY-ST-ZIP

**THORNTON, MARTHA K  
94 SILVER CIRCLE  
BRECKENRIDGE CO**

*New Address:*

**Martha K. Thornton  
P. O. Box 326  
Louisville, Colorado 80027**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

FILED

02 SEP 12 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

FILED

02 SEP 12 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sept 9, 2002

Dear Sirs,

*I spoke with my accountant this morning as well as a woman in your office. My accountant told me that my address was listed correctly with your office. Your representative also told me that my address was listed correctly with your office. Yet, for some unknown reason, I have not received your Uniform Business Report form this year.*

*I was told that a form would be sent out to me today. I will be out of town until Sept, 20 and did not want to wait until I return to get this in the mail to your office, as it may arrive after the Sept. 25 due date. I have enclosed a copy of last year's form, along with check # 1815 in the amount of \$526.25.*

*Your representative, I believe her name was Diane but I cannot be certain, told me that this letter of explanation would serve to waive any late fees.*

Sincerely,

*Martha K. Thornton*

Martha K. Thornton  
Thornton Family Limited Partnership

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA