

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000290

1. Entity Name

SMITH FAMILY PARTNERS, LTD., LLLP

Principal Place of Business

1080 COMMERCE BLVD.
HAVANA FL 32333

Mailing Address

P.O. BOX 1671
TALLAHASSEE FL 32302

FILED

01 JUL 20 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Tallahassee
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box - 1671
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Tallahassee, FLA

City & State

Tallahassee, FLA

4. FEI Number

59-3308108

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

SMITH, J. BLOXHAM JR.
1080 COMMERCE BLVD.
HAVANA FL 32333

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)

DATE

9. Capital Contributions as Shown on record.

\$1,200,000.00

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

DOCUMENT #
NAME SMITH, J. BLOXHAM JR.
STREET ADDRESS 1080 COMMERCE BLVD.
CITY-ST-ZIP HAVANA FL 32333

DOCUMENT #
NAME SMITH, IRENE W
STREET ADDRESS 1080 COMMERCE BLVD.
CITY-ST-ZIP HAVANA FL 32333

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2612-W. TENN. ST.

CITY-ST-ZIP TALLAHASSEE, FLA - 32304

STREET ADDRESS 11 11

CITY-ST-ZIP

STREET ADDRESS 100004495431--0

CITY-ST-ZIP -07/25/01--01045--039

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/9/01 - 850-580-6917

Date

Daytime Phone #

CR2E003 (5/01)

0000033 AT

STAPLE CHECK HERE