

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000279**

1. Entity Name

**D&J PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:09

Principal Place of Business

6101 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228

Mailing Address

POST OFFICE BOX 309  
BRADENTON BEACH FL 34217-0309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0394642**

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

**WARNE, DONNA J**  
**680 OLD COMPASS ROAD**  
**LONGBOAT KEY FL 34228**

Name **CINDY S. JENNIS**

Street Address (P.O. Box Number is Not Acceptable)

**5607 GUAVA STREET APT B**

City **HOLMES BEACH**

**FL**

Zip/Code **34217**

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 *Cindy S. Jennis* **Cindy S. Jennis** **2-15-00**

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.

**\$5,000,000.00**

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 **WARNE, DONNA J**  
STREET ADDRESS **680 COMPASS ROAD**  
CITY - ST - ZIP **LONGBOAT KEY FL 34228**

STREET ADDRESS **2239 KENMORE DRIVE**  
CITY - ST - ZIP **OKEMOS MI 48864**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS *mf. 3/14/00*  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS **100003170161-7**  
CITY - ST - ZIP **03/14/00 01131 014**  
**\*\*\*526.25 \*\*\*526.25**

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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

*Donna J. Warne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Donna J. Warne**

**2-15-00**

Date

Daytime Phone #

CR2E003 (9/99)