

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000293**

1. Entity Name

DIBBS FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**5812 NORTH 22ND STREET
TAMPA FL 33610**

Mailing Address

**5812 NORTH 22ND STREET
TAMPA FL 33610**

FILED

01 JUL -6 AM 8:47

SECRETARY OF STATE

TALLAH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3170540**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIBBS, STEPHEN J
5812 NORTH 22ND STREET
TAMPA FL 33610**

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.

\$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

500,000.00

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 **DIBBS, STEPHEN J**
STREET ADDRESS **5812 NORTH 22ND STREET**
CITY-ST-ZIP **TAMPA FL 33610**

STREET ADDRESS
200004484022--9
CITY-ST-ZIP
-07/18/01--01029--011
*******80.00 *****80.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
200004484022--9
CITY-ST-ZIP
-07/18/01--01029--012
*******8.75 *****8.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
200004484022--9
CITY-ST-ZIP
-07/18/01--01029--013
*******437.50 *****437.50**

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
200004484022--9
CITY-ST-ZIP
-07/18/01--01029--013
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-07/18/01--01029--013
*******437.50 *****437.50**

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:

Stephen J Dibbs
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/2001
Date

813 908.9759
Daytime Phone #

0009639 AF

CR2E003 (11/00)