

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000505**

1. Entity Name

**JANET M. TEW FAMILY LIMITED PARTNERSHIP.**

Principal Place of Business

P.O. BOX 390  
MELROSE FL 32666

Mailing Address

P.O. BOX 390  
MELROSE FL 32666-0390

2. Principal Place of Business

**106 Lakeview Trail**  
Suite, Apt. #, etc.

3. Mailing Address

**PO Box 390**  
Suite, Apt. #, etc.

City & State

**Melrose FL**

City & State

**Melrose FL**

4. FEI Number

**59-3194077**

Applied For

Not Applicable

Zip

**32666**

Country

**Putnam**

Zip

**32666**

Country

**Putnam**

5. Certificate of Status Desired - ☒ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TEW, ERNEST**  
**106 LAKEVIEW TERRACE**  
**MELROSE FL 32666**

7. Name and Address of New Registered Agent

Name **Ernest Tew**

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

**106 Lakeview Terr.**

City **Melrose**

**FL**

Zip Code **32666**

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

**3-31-00**

9. Capital Contributions as Shown on record.

**\$1,000,000.00**

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

DOCUMENT #  
NAME **TEW, JANET M**  
STREET ADDRESS **106 LAKEVIEW TERRACE**  
CITY - ST - ZIP **MELROSE FL 32666**

DOCUMENT #  
NAME **TEW, ERNEST**  
STREET ADDRESS **106 LAKEVIEW TERRACE**  
CITY - ST - ZIP **MELROSE FL 32666**

DOCUMENT #  
NAME **DOOLEY, SANDRA**  
STREET ADDRESS **56 SE 35TH ST.**  
CITY - ST - ZIP **KEYSTONE HEIGHTS FL 32656**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**0000003213960--2**

**04/19/00--01015--020**

**\*\*\*526.25 \*\*\*526.25**

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 REQUIRED**  
**Sandra Dooley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-31-00**

Date

**352-475-1800**

Daytime Phone #

APPROVED  
AND  
FILED

**00 APR -3 AM 11:39**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0001051

CR2E003 (9/99)