

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000709**

1. Entity Name

DALLAS FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**862 CYPRESS LAKE CIRCLE
FT MYERS FL 33919**

Mailing Address
**862 CYPRESS LAKE CIRCLE
FT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0423734**

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

**ROZINAK, WILLIAM E
862 CYPRESS LAKE CIRCLE
FT. MYERS FL 33919**

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.

\$1,000.00

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	ROZINAK, WILLIAM E
STREET ADDRESS	862 CYPRESS LAKE CIR.
CITY-ST-ZIP	FT. MYERS FL 33919
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	600003447106--4 -11/01/00-01049-012
STREET ADDRESS	****400.00 ****400.00
CITY-ST-ZIP	
STREET ADDRESS	600003447106--4 -11/01/00-01049-013
CITY-ST-ZIP	****144.25 ****144.25
STREET ADDRESS	
CITY-ST-ZIP	600003447106--4 -11/01/00-01049-013
STREET ADDRESS	****141.25 ****141.25
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 REQUIRED

W.E. ROZINAK 9/18/00

Date

Daytime Phone #

0002565 AF

CR2E003 (5/00)