

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000762

1. Entity Name

THE SEATON FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 PM 1:33

Principal Place of Business

5245 BIG PINE WAY
SUITE 103
FT. MYERS FL 33907

Mailing Address

5245 BIG PINE WAY
SUITE 103
FT. MYERS FL 33907-5924



2. Principal Place of Business

3. Mailing Address

5245 Big Pine Way

Suite, Apt. #, etc.

Suite 101

City & State

Ft. Myers, FL

Zip

33907-5924

Country

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0463407

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

SEATON, MARK R

1326 S. BRANDYWINE CIRCLE, #4

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

June 1, 2000

9. Capital Contributions
as Shown on record.

\$18,600.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$18,600

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

SEATON, MARK R

STREET ADDRESS

5245 BIG PINE WAY, STE. 103

CITY - ST - ZIP

FT. MYERS FL 33907

STREET ADDRESS

5245 Big Pine Way, Suite 101

CITY - ST - ZIP

Ft. Myers, FL 33907

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark R. Seaton

June 1, 2000

Date

741-939-9911

Daytime Phone #