

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # A93000000762**1. Entity Name
THE SEATON FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
5245 BIG PINE WAY SUITE 103 FT. MYERS FL 33907	5245 BIG PINE WAY SUITE 101 FT. MYERS FL 339075924

2. Principal Place of Business	3. Mailing Address
5245 BIG PINE WAY	13300-56 S. CLEVELAND AVE.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 101	SUITE 404

City & State	City & State
FT. MYERS FL	FT. MYERS FL

Zip	Country	Zip	Country
33907		33907	

4. FEI Number	Applied For
65-0463407	Not Applicable

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
SEATON MARK R 1326 S. BRANDYWINE CIRCLE, #4 FT. MYERS FL 33919 US	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 _____ DATE **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
18,600.00	18,600.00	

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	STREET ADDRESS	
NAME	SEATON MARK R	CITY-ST-ZIP	
STREET ADDRESS	5245 BIG PINE WAY, STE. 101		
CITY-ST-ZIP	FT. MYERS FL 33907		
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NAME		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: **Mark R. Seaton** DATE **04/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)