

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000957**

1. Entity Name
SZUMLANSKI FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**1487 SANDCASTLE RD.
SANIBEL FL 33957**

Mailing Address
**1487 SANDCASTLE RD.
SANIBEL FL 33957-3622**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **65-0449617**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SZUMLANSKI, BARRY E
1487 SANDCASTLE RD.
SANIBEL FL 33957**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,200,000.00** 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 **SZUMLANSKI, BARRY E**
STREET ADDRESS **1487 SANDCASTLE RD.**
CITY-ST-ZIP **SANIBEL FL 33957**

STREET ADDRESS
CITY-ST-ZIP
2000003149912--0
-02/28/00--01117--020
******526.25 ****526.25**

DOCUMENT #
NAME **SZUMLANSKI, MICHAL**
STREET ADDRESS **1487 SANDCASTLE RD.**
CITY-ST-ZIP **SANIBEL FL 33957**

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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-7-00 **94-472-1219**
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
00 FEB 15 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003 (9/99)