2000 UNIFORM BUSINESS REPORT (UBR)

A93000000957 DOCUMENT # 1. Entity Name FILED SZUMLANSKI FAMILY LIMITED PARTNERSHIP 00 FEB 15 AM 10: 29 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 1487 SANDCASTLE RD. 1487 SANDCASTLE RD. SANIBEL FL 33957 SANIBEL FL 33957-3622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0449617 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name≖ SZUMLANSKI, BARRY E Street Address (P.O. Box Number is Not Acceptable) 1487 SANDCASTLE RD. SANIBEL FL 33957 Zip Code City FL 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. 11. MAKE CHECK PAYABLE TO DEPT OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,200,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT# STREET ADDRESS SZUMLANSKI, BARRY E NAME 1487 SANDCASTLE RD. STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP <u>20000314991</u> -02/28/00--01117 DOCUMENT 4 STREET ADDRESS ****526,25 SZUMLANSKI, MICHAL NAME 1487 SANDCASTLE RD. STREET ADDRESS CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # 4 STREET ADDRESS STREET ADERESS CITY-ST-ZIP CITY-ST-ZI og does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or a required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplies indicated on this report is true and a the receiver or trustee empowered to

SIGNATURE:

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

2-7-00 9

941-472-1219

Daytime