

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012309 AF

DOCUMENT # A93000001432

1. Entity Name

THE BWJ FAMILY LIMITED PARTNERSHIP

FILED

01 MAR 12 AM 11:37

Principal Place of Business

110 BRIARWOOD CIRCLE  
GLEN ST MARY FL 32040

Mailing Address

110 BRIARWOOD CIRCLE  
GLEN ST MARY FL 32040

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

7892 BRIARWOOD CIRCLE

3. Mailing Address

7892 BRIARWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GLEN ST. MARY, FL.

City & State

GLEN ST. MARY, FL.

4. FEI Number

59-3173891

Applied For

Not Applicable

Zip

Country

32040

USA

Zip

Country

32040

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, BURL W  
110 BRIARWOOD CIRCLE  
GLEN ST MARY FL 32040

Name

Street Address (P.O. Box Number is Not Acceptable)

7892 BRIARWOOD CIRCLE

City

GLEN ST. MARY

FL

Zip Code

32040

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.

\$137,412.00

10. Amount of Capital Contributions  
in FLORIDA to date

137,412.00

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 JONES, BURL W  
STREET ADDRESS 110 BRIARWOOD CIRCLE  
CITY-ST-ZIP GLEN ST MARY FL 32040

STREET ADDRESS 7892 BRIARWOOD CIRCLE  
CITY-ST-ZIP GLEN ST. MARY, FL. 32040

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STREET ADDRESS 700003852727--4  
CITY-ST-ZIP -03/14/01--01073--021  
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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

BURL W. JONES  
GENERAL PARTNER

3-8-01

704/259-5665

Daytime Phone #

CR2E003 (11/00)