

# 2002 UNIFORM BUSINESS REPORT (UBR)

LF

0014106  
AT

DOCUMENT # A94000000308

1. Entity Name

GEOFFREY L. COIT FIRST FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1420 FAIRFIELD DRIVE  
CLEARWATER FL 34616

Mailing Address

1420 FAIRFIELD DRIVE  
CLEARWATER FL 34616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED  
02 APR 25 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0462327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COIT, GEOFFREY L  
1420 FAIRFIELD DRIVE  
CLEARWATER FL 34616

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.

DATE

9. Capital Contributions  
as Shown on record.

\$380,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1380,000.00

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 STREET ADDRESS CITY-ST-ZIP COIT, GEOFFREY L 1420 FAIRFIELD DRIVE CLEARWATER FL 34616	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/01)

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

4/20/02 (727)531-0569  
Daytime Phone #