

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002385 AB

DOCUMENT # **A94000000308**

1. Entity Name  
**GEOFFREY L COIT FIRST FAMILY LIMITED PARTNERSHI  
P**



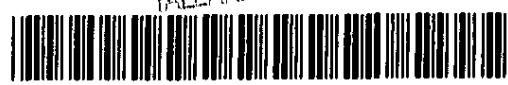
FILED

03 SEP -5 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

City & State

City & State

**DUE BY SEPTEMBER 24, 2003**

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

7. Name and Address of New Registered Agent

**COIT, GEOFFREY L  
1420 FAIRFIELD DRIVE  
CLEARWATER FL 34616**

Name

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

**700022461097  
09/05/03--01087--001 \*\*408.75**

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. I am familiar with, and accept the obligations of registered agent.

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.

**380,000.00**

11. MAKE CHECK PAYABLE TO FL. 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

**700022461097**

**09/20/03--01095--004 \*\*526.25**

DOCUMENT #  
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/18/03**

Date

**227-531-0569**  
Daytime Phone #

CR2E003 (4/03)