

2000 UNIFORM BUSINESS REPORT (UBR)

UNITED STATES OF AMERICA

DOCUMENT # A94000000475

1. Entity Name
INFANTINE FAMILY LIMITED PARTNERSHIP

FILED
00 JAN 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% PEARL D. INFANTINE
8111 BAY COLONY DRIVE, #804
NAPLES FL 34108

Mailing Address
% PEARL D. INFANTINE
8111 BAY COLONY DRIVE, #804
NAPLES FL 34110-2307



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

3. Mailing Address
5848 WHISPERWOOD Ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34110

Country
USA

4. FEI Number
55-0480025

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
INFANTINE, PEARL D
8111 BAY COLONY DRIVE, #804
NAPLES FL 33963

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. **\$100.00**

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 #	INFANTINE, PEARL D 8111 BAY COLONY DRIVE, #804 NAPLES FL 34108	STREET ADDRESS	
NAME		CITY - ST - ZIP	400003099844--3
STREET ADDRESS			-01/14/00--01104--009
CITY - ST - ZIP			****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
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 OF PEARL D. INFANTINE** **1/4/00** **941597-2754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #