

2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # **A94000001060**

1. Entity Name

1991 GALBRAITH OIL AND GAS PROGRAM PARTNERSHIP.

Principal Place of Business

**450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

Mailing Address

**450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

2. Principal Place of Business

3. Mailing Address

P.O. Box 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

32802-4920

Country

USA

4. FEI Number

59-3055528

Applied For

Not Applicable

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

**GALBRAITH, JAMES C
450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$410,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$410,000.00

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

**GALBRAITH, JAMES C
450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**698955
THE GALBRAITH MANAGEMENT COMPANY
450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

STREET ADDRESS

CITY-ST-ZIP

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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:

James C. Galbraith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James C. Galbraith **4/3/01** (407) 650-1000

Date

Daytime Phone #

FILED

2001 MAY 11 AM 11:05

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)