

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A94000001106**

1. Entity Name

ROBIN T. HOLLINGSWORTH FAMILY LIMITED PARTNERSHI

Principal Place of Business

**257 S.E. AVENUE E
BELLE GLADE FL 33430**

Mailing Address

**P.O. BOX 1097
BELLE GLADE FL 33430**

FILED

01 MAR 28 AM 7:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0509731

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

**BAKER, JOHN E
257 S.E. AVENUE E
BELLE GLADE FL 33430**

Name

James M. Gann,

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

257 S. E. Avenue E

City

Belle Glade

FL

Zip Code
33430

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

James M. Gann - **JAMES M. GANN**

1-24-01

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.

\$309,826.00

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 #
NAME **HOLLINGSWORTH, ROBIN T**
STREET ADDRESS **1014 N.E. 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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

3/22/2001

Date

561-996-3395

Daytime Phone #

Robin T. Hollingsworth

CR2E003 (11/00)