

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009012 AF

DOCUMENT # **A94000001107**

1. Entity Name

**MOLLY T. NORMAN FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

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

Mailing Address

**P.O. BOX 8  
LAKE HARBOR FL 33459-0008**

**FILED**  
**01 MAR -7 AM 11:52**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 167**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State  
Lake Harbor FL**

4. FEI Number

**65-0509777**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33459**

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*  
Signature, typed or printed name of registered agent and title if applicable.

**JAMES M. GANN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/01**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**NORMAN, MOLLY T  
21 E. CORKSCREW BLVD.  
LAKE HARBOR FL 33459**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Molly T. Norman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Molly T. Norman**

**3-5-01**

**561-996-0926**  
Daytime Phone #

CR2E003 (11/00)