# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001107

1. Entity Name
MOLLY T. NORMAN FAMILY LIMITED PARTNERSHIP

FILED
2003 FEB 11 PM 12:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
257 S.E. AVENUE E
BELLE GLADE FL 33430

Mailing Address
P.O. BOX 167
LAKE HARBOR FL 33459

| 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 |
| Zip / Country | Zip 33459 / Country |

DUE BY MAY 1, 2003

4. FEI Number 65-0509777 — 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 |
|---|---|
| GANN, JAMES M | Name |
| 257 S.E. AVENUE E | Street Address (P.O. Box Number is Not Acceptable) |
| BELLE GLADE FL 33430 | 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. $309,826.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # | | STREET ADDRESS | |
| NAME | NORMAN, MOLLY T | CITY-ST-ZIP | |
| STREET ADDRESS | 21 E. CORKSCREW BLVD. | | |
| CITY-ST-ZIP | LAKE HARBOR FL 33459 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 300012327403 |
| NAME | | CITY-ST-ZIP | 02/11/03--01089--012 **526.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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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:** Molly T. Norman — Molly T. Norman 2-4-03 561-996-0926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date

CR2E003 (10/02)