

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009011 AF

DOCUMENT # **A94000001108**

1. Entity Name

**MARTHA L. T. WEEKS FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

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

Mailing Address

**P.O. BOX 157  
LAKE HARBOR FL 33459**

**FILED**  
**01 APR 13 PM 12:35**

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

**65-0509769**

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

**JAMES M. GANN**

(NOTE: Registered Agent signature required when reinstating)

**1/24/01**  
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 **WEEKS, MARTHA L. T.**  
STREET ADDRESS **8 E. CORKSCREW BLVD.**  
CITY-ST-ZIP **LAKE HARBOR FL 33459-0008**

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:

*Martina L. Weeks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**4/9/01**

Daytime Phone

**561-996-1843**

CR2E003 (11/00)