

# 2000 UNIFORM BUSINESS REPORT (UBR)

201413 A

**DOCUMENT # A94000001148**

1. Entity Name  
**JEFFREY S. WALKER FAMILY LIMITED PARTNERSHIP**

Principal Place of Business <b>1201-5TH AVENUE NORTH SUITE 408 ST. PETERSBURG FL 33705</b>	Mailing Address <b>1201-5TH AVENUE NORTH SUITE 408 ST. PETERSBURG FL 33705-1425</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 29 AM 8:59



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0519580</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WALKER, JEFFREY S 1201 5TH AVE. NORTH SUITE 408 ST. PETERSBURG FL 33705</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$315,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **315,000.00**

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	
	WALKER, JEFFREY S	CITY - ST - ZIP	
	1201 5TH AVE. NORTH, STE. 408		
	ST. PETERSBURG FL 33705		
DOCUMENT #	NAME	STREET ADDRESS	
	WALKER, PAULETTE C	CITY - ST - ZIP	
	1201 5TH AVE. NORTH, STE. 408		
	ST. PETERSBURG FL 33705		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	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:** *Signature* **2-25-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)