

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001318

1. Entity Name

THE HIBBS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

906 SOUTH FREMONT AVENUE
TAMPA FL 33606

Mailing Address

906 SOUTH FREMONT AVENUE
TAMPA FL 33606-2817

2. Principal Place of Business

3. Mailing Address

3122 W. OAKLYN AVE

3122 W. OAKLYN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

59-3273157

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

WEINSTEIN, ALAN
500 N. MAITLAND AVE.
SUITE 308
MAITLAND FL 32751

Name

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

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.

SIGNATURE

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.

\$950,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

950,000.00

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

CITY - ST - ZIP

HIBBS, SAMUEL G JR
906 SOUTH FREMONT AVENUE
TAMPA FL 33606

STREET ADDRESS

CITY - ST - ZIP

3122 W. OAKLYN AVE
TAMPA, FL 33609

DOCUMENT #

NAME

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CITY - ST - ZIP

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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:

SAMUEL HIBBS, GP

Date

Daytime Phone #

3/28/00 813-251-5789

CR-000001 (04/00)