

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 31 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4112



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> A94000001427	
<b>1. Entity Name</b> THE HAMILTON FAMILY LIMITED PARTNERSHIP	
<b>Principal Place of Business</b> 310 JOHN RINGLING BLVD. SARASOTA FL 34236	<b>Mailing Address</b> 310 JOHN RINGLING BLVD. SARASOTA FL 34236-1322
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 65-0533644	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
HAMILTON, JOSEPH 310 JOHN RINGLING BLVD. SARASOTA FL 34236	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	
<b>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.</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
<b>9. Capital Contributions as Shown on record.</b> \$370,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 3/7,276
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>	
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>	
<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT #	HAMILTON, JOSEPH
NAME	310 JOHN RINGLING BLVD.#6
STREET ADDRESS	SARASOTA FL 34236
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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<b>13. ADDRESS CHANGES ONLY</b>	
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<b>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</b>	
<b>SIGNATURE:</b> <u>SIGNATURE REQUIRED</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</b>	
3/1/00 Date	
Daytime Phone #	

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CR2E003 (9/99)