

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001882**

1. Entity Name

**BRINKLEY FAMILY PARTNERSHIP, LTD.**

FILED

00 JAN 18 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ROUTE 31, BOX 156  
TALLAHASSEE FL 32312

Mailing Address  
ROUTE 31, BOX 156  
TALLAHASSEE FL 32312-3831



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

~~59-2087752~~  
3287757

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

WARFEL, TIMOTHY J  
2120 KILLARNEY WAY  
TALLAHASSEE FL 32308

Name  
~~Wilma A. Lauder~~  
Street Address (P.O. Box Number is Not Acceptable)  
Rt. 31, Box 156  
Tallahassee  
City

FL | Zip Code  
32312

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 *Michael B. Lauder*

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

(NOTE: Registered Agent signature required when reinstating)

1-8-00

DATE

9. Capital Contributions  
as Shown on record.

\$1,188,450.45

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 # **P94000094296**  
NAME **BRINKLEY FAMILY CORPORATION, INC.**  
STREET ADDRESS **ROUTE 31, BOX 156**  
CITY - ST - ZIP **TALLAHASSEE FL 32312**

STREET ADDRESS  
CITY - ST - ZIP

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500003107265--0  
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *NSIGNATURE REQUIRED* resident

1-8-00

850/488-411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #