

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001882**

1. Entity Name

BRINKLEY FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**ROUTE 31, BOX 156
TALLAHASSEE FL 32312**

Mailing Address

**ROUTE 31, BOX 156
TALLAHASSEE FL 32312**

FILED
01 JAN 26 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3100 LAUDER PLACE

3. Mailing Address

3100 LAUDER PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3287757

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAUDER, WILMA A
ROUTE 31, BOX 156
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

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

300003624163-3

-02/02/01--01033--020

City

*****526.25 FL**

*****526.25**

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.

\$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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3100 LAUDER PLACE

CITY-ST-ZIP

TALLAHASSEE, FL 32312

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-01 850/893-2321

Date

Daytime Phone #

CR2E003 (11/00)