

2002 UNIFORM BUSINESS REPORT (UBR)

0006732 AT

DOCUMENT # **A94000001882**

1. Entity Name

BRINKLEY FAMILY PARTNERSHIP, LTD.

FILED

02 JAN 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**3100 LAUDER PLACE
TALLAHASSEE FL 32312**

Mailing Address

**3100 LAUDER PLACE
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3287757

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

**LAUDER, WILMA A
ROUTE 91, BOX 156
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **LAUDER, WILMA B.**
Street Address (P.O. Box Number is Not Acceptable) **3100 LAUDER PLACE**
City **Tallahassee** 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

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

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 **3100 LAUDER PLACE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	JD20000036032
CITY-ST-ZIP	-01731702--01027--012
STREET ADDRESS	***526.25 ***526.25
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

Date

Daytime Phone #

CR2E003 (9/01)