

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000077**

1. Entity Name

**1993 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.**

Principal Place of Business

**51 OAKLEIGH LANE  
MAITLAND FL 32751**

Mailing Address

**P.O. BOX 941169  
MAITLAND FL 32794-1169**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:22



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**450 S. Orange Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**450 S. Orange Avenue**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

**32801-3336**

Country

**USA**

City & State

**Orlando, FL**

Zip

**32801-3336**

Country

**USA**

4. FEI Number

**59-3190677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GALBRAITH, JAMES C  
51 OAKLEIGH LANE  
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

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

**450 S. Orange Avenue**

City

**Orlando,**

**FL**

Zip Code

**32801-3336**

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.

**\$525,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$525,000.00**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**GALBRAITH, JAMES C  
400 E. SOUTH ST., STE. 500  
ORLANDO FL 32801**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**698955  
GALBRAITH MANAGEMENT CO.  
400 E. SOUTH ST., STE. 500  
ORLANDO FL 32801**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**450 S. Orange Avenue**

CITY - ST - ZIP

**Orlando, FL 32801-3336**

STREET ADDRESS

**450 S. Orange Avenue**

CITY - ST - ZIP

**Orlando, FL 32801-3336**

STREET ADDRESS

**9000003161469--7**

CITY - ST - ZIP

**-03/08/00--01013--014**

**\*\*\*526.25 \*\*\*526.25**

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 PRINTED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**James C. Galbraith**

**407 650-1552**

Date **2/18/00**

Daytime Phone #

CR2E003 (9/99)