

FORM BUSINESS REPORT (UBR)

DOC A95000000153

1. Entity Name

PAUL AND HELEN BROWN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

9393 MIDNIGHT PASS ROAD
APT. 804N
SARASOTA FL 34242

Mailing Address

BOX 82
COLUMBUS OH 43216-0082

2. Principal Place of Business

1301 N. TAMiami TRAIL
Suite, Apt. #, etc.
#703

City & State
SARASOTA, FLORIDA

Zip Country
34236 USA

3. Mailing Address

46 N. WASHINGTON BLVD.
Suite, Apt. #, etc.
#1

City & State
SARASOTA, FLORIDA

Zip Country
34236 USA

FILED
01 APR 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0537813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, PAUL W
9393 MIDNIGHT PASS ROAD
APT. 804N
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

HELEN P. BROWN

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

1301 N. TAMiami TRAIL

#703

City

SARASOTA

FL

Zip

34236

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.

\$1,685,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,685,000.

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
BROWN, PAUL W
9393 MIDNIGHT PASS ROAD, APT. 804N
SARASOTA FL 34242

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BROWN, HELEN P
9393 MIDNIGHT PASS ROAD, APT. 804N
SARASOTA FL 34242

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

Deceased - See Amendment

STREET ADDRESS
CITY-ST-ZIP
HELEN P. BROWN, as Trustee
1301 TAMiami TRAIL, #703
SARASOTA, FLORIDA 34236

STREET ADDRESS
CITY-ST-ZIP
700004138597--5
05/07/01-01051-022
****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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HELEN P. BROWN, as Trustee of Helen P. Brown Revocable Trust

Date

Daytime Phone #

CR2E003 (11/00)

0018290 AF