

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000000153

1. Entity Name
PAUL AND HELEN BROWN FAMILY LIMITED PARTNERSHIP



FILED

03 APR -9 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1301 N. TAMiami TRAIL, #703
SARASOTA FL 34236

Mailing Address
46 NORTH WASHINGTON BLVD., #1
SARASOTA FL 34236

2. Principal Place of Business
46 N. WASHINGTON BLVD.

3. Mailing Address

Suite, Apt. #, etc.
#1

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
SARASOTA, FLORIDA

City & State

4. FEI Number 65-0537813

Applied For
Not Applicable

Zip
34236

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

BROWN, HELEN P
1301 N. TAMiami TRAIL, #703
SARASOTA FL 34236

Name
SUE A. JACOBSON

Street Address (P.O. Box Number is Not Acceptable)
46 N. WASHINGTON BLVD., #1

City
SARASOTA, FLORIDA FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sue A. Jacobson
Signature, typed or printed name of registered agent and title if applicable.

500015560545
04/09/03-01069-002 #4526.25
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 FL. 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 #
NAME BROWN, HELEN P TRUSTEE
STREET ADDRESS 1301 N. TAMiami TRAIL, APT. 703
CITY-ST-ZIP SARASOTA FL 34236

STREET ADDRESS BROWN, HELEN P. TRUSTEE
5490 KNIGHTBRIDGE BLVD., #306
CITY-ST-ZIP COLUMBUS, OHIO 43214

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M THOMAS

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: HELEN P. BROWN TRUSTEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/03 464-6323
Date Daytime Phone #

CR2E003 (10/02)