## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUI	MENT # <b>A950</b> 0	00000189			FU KIS	
THE 1995 NEWTON FAMILY LIMITED PARTNERSHIP				SECRETARY OF STAFE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address THE HASKELL BLDG. POST OFFICE BOX 528 111 RIVERSIDE AVE., STE. 140 JACKSONVILLE FL 3220 JACKSONVILLE FL 32202					OO FEB 22 AH 10: 20	
2. Principal Place of Business 3. Ma		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-3278171 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			7. Name and Address of New Registered Agent	
		<del></del> .		Name		
NEWTON, RUSSELL B JR.				Street Address (P.O. Box Number is Not Acceptable)		
THE HASKELL BLDG. 111 RIVERSIDE AVE., STE. 140						
JACKSONVILLE FL 32202				City FL Zip Code		
SIGNATURE .  9. Capital Co as Shown o	on record.	10. Amount of Cap	ital Contri date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners Ma	THAT IS A BUSINESS EI AY NOT be changed on I	the form	ius i Be Regis i; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ont must be filed to change a general partner.	
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	NEWTON, RUSSELL B JR. 111 RIVERSIDE AVE., STE. 140 JACKSONVILLE FL 32202  NEWTON, RUSSELL B. JR. TRUSTEE 111 RIVERSIDE AVE., STE. 140 JACKSONVILLE FL 32202			EET ADORESS  (- ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP				EET ADORESS /	fal29/00	
DOCUMENT#			STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP	2000031558222 -03/03/0001013004 ****526.25 ****526.25	
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DOCUMENT# NAME			STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY	(-ST-ZEP		
DOCUMENT // NAME STREET ANNIBESS			SIR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	<b>米的研究体育。</b> 的			∕-ST-ZIP		
indicated	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute the record to execute the contract of the contract o	d that my signature shall have	e the sam	ie legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	