

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000910

1. Entity Name

CALLOWAY PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29

Principal Place of Business

11450 SOUTH TROPICAL TRAIL  
MERRITT ISLAND FL 32952

Mailing Address

11450 SOUTH TROPICAL TRAIL  
MERRITT ISLAND FL 32952-7019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

66 N. ATLANTIC AVE  
Suite, Apt. #, etc.  
106

3. Mailing Address

66 N. ATLANTIC  
Suite, Apt. #, etc.  
#106

City & State

COCOA BEACH, FL

City & State

COCOA BEACH, FL

Zip  
32931

Country  
BREVARD

Zip  
32931

Country  
BREVARD

4. FEI Number

59-3320808

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT W  
11450 SOUTH TROPICAL TRAIL  
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name  
SAME AGENT (ROBERT W. WILLIAMS)  
Street Address (P.O. Box Number is Not Acceptable)  
CHANGE OF ADDRESS ONLY  
66 N. ATLANTIC AVE #106  
City  
COCOA BEACH  
FL  
Zip Code  
32931

NEW ADDRESS →

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 Robert W. Williams GENERAL PARTNER

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

(NOTE: Registered Agent signature required when reinstating)

4/25/00

9. Capital Contributions as Shown on record:

\$7,500.00

10. Amount of Capital Contributions in FLORIDA to date.

0

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 WILLIAMS, ROBERT W TRUSTEE  
STREET ADDRESS 11450 SOUTH TROPICAL TRAIL  
CITY - ST - ZIP MERRITT ISLAND FL 32952

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

ROBERT W. WILLIAMS, GENERAL PARTNER

4/25/00 407-868-2000

Daytime Phone #

CR2E003 (9/99)