

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001052**

1. Entity Name

**HOULE FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

Principal Place of Business

**531 COMMERCE DRIVE  
LARGO FL 33770**

Mailing Address

**531 COMMERCE DRIVE  
LARGO FL 33770-1834**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-7053656**

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

**HOULE, WILLIAM J JR.  
531 COMMERCE DRIVE  
LARGO FL 34649**

Name

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

City

**FL**

Zip Code

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.

**SORRY  
ERROR**

SIGNATURE

*[Signature]*

Signature of registered partner, general partner, or agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$99.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**HOULE, WILLIAM J SR.  
531 COMMERCE DRIVE  
LARGO FL 34649**

STREET ADDRESS

CITY - ST - ZIP

**3000003288889-4**  
**-06/14/00--01070--020**  
**\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**WILLIAM J. HOULE, JR.  
531 COMMERCE DR.  
LARGO, FL 33770**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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

**GENERAL  
PARTNER**

**3/28/2000**  
Date

**727-584-8684**  
Daytime Phone #