

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001332

1. Entity Name

THE JOSEPH STILLPASS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 AM 11:02

Principal Place of Business
13282 DEAUVILLE DR.
PALM BEACH GARDENS FL 33410

Mailing Address
13282 DEAUVILLE DR.
PALM BEACH GARDENS FL 33410-1467



2. Principal Place of Business
740 NE 20th LN
Suite, Apt. #, etc.

3. Mailing Address
740 NE 20th LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BEACH, FL
Zip 33435 Country USA

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BOYNTON BEACH, FL
Zip 33435 Country USA

4. FEI Number 65-0595965

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STILLPASS, SYLVIA M
13282 DEAUVILLE DR.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name STANFORD J. STILLPASS
Street Address (P.O. Box Number is Not Acceptable)
740 NE 20th LANE
City BOYNTON BEACH, FL Zip Code 33435

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 Stanford Stillpass *Stanford Stillpass* 6/30/00
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$994,975.00

10. Amount of Capital Contributions in FLORIDA to date. \$994,975.00

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
	STILLPASS, ANDREW J	7700 ROCK HILL	CINCINNATI OH 45243
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	3000003414773--3
CITY - ST - ZIP	-10/05/00--01059--025 ****526.25 ****526.25
STREET ADDRESS	3000003414773--3
CITY - ST - ZIP	-10/05/00--01059--026 ****400.00 ****400.00
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: *Stanford Stillpass* 6/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #