

2001 UNIFORM BUSINESS REPORT (UBR)

0010541 AF

DOCUMENT # **A95000001698**

1. Entity Name

DISMUKE FAMILY LIMITED PARTNERSHIP

FILED

W 5/7

01 MAY -2 PM 3:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**807 ALTA VISTA DRIVE
HAINES CITY FL 33844**

Mailing Address

**P. O. BOX 1385
HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**DISMUKE, J. NORMAN
807 ALTA VISTA DRIVE
HAINES CITY FL 33844**

Name
Ruth T. Dismuke

Street Address (P.O. Box Number is Not Acceptable)
807 Alta Vista Drive

City
Haines City

FL Zip Code
33844

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 *Ruth T. Dismuke* **Ruth T. Dismuke**

4/26/01
DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record.

\$442,955.00

10. Amount of Capital Contributions

in FLORIDA to date. **442,955.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **DISMUKE, J. NORMAN RUTH T.**
STREET ADDRESS
807 ALTA VISTA DRIVE
CITY-ST-ZIP
HAINES CITY FL 33844

STREET ADDRESS
000004162130--1
CITY-ST-ZIP
**05/08/01 01073-001
*****526.25 *****526.25**

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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: *Ruth T. Dismuke* **Ruth T. Dismuke** *4/26/01* **863-422-2375**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)