

2001 UNIFORM BUSINESS REPORT (UBR)

0006247 AF

DOCUMENT # **A95000001722**

1. Entity Name

TAMMY LIMITED PARTNERSHIP

Principal Place of Business

**2866 NE 30TH ST. #21
FT. LAUDERDALE FL 33306**

Mailing Address

**2866 NE 30TH ST. #21
FT. LAUDERDALE FL 33306**

FILED

01 MAR 30 AM 11:50

SECRETARY OF STATE
TAMMUNGGEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0625438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOANE, JAMES F
2866 NE 30TH ST.
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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.

SIGNATURE James F. Doane

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

9. Capital Contributions
as Shown on record.

\$2,490,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

842491

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 **DOANE, JAMES F**
STREET ADDRESS **2866 NE 30TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

DOCUMENT #
NAME **DOANE, NANCY L**
STREET ADDRESS **2866 NE 30TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

DOCUMENT #
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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:

James F. Doane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-26-01

CR2E003 (11/00)