

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002005**

1. Entity Name

CHARLES M. NOVOTA FAMILY LIMITED PARTNERSHIP

FILED
Mar 03 2000 8:00 am
Secretary of State

Principal Place of Business 208 GAUTIER MEMORIAL LN. PORT ST. JOE FL 32456	Mailing Address 208 GAUTIER MEMORIAL LN. PORT ST. JOE FL 32456-2387
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17615 BACK BEACH RD. P.O. Box 158	3. Mailing Address 17615 BACK BEACH RD. P.O. Box 158
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PANAMA CITY, FL	City & State PORT ST. JOE	4. FEI Number 65-0661354	Applied For Not Applicable
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Zip 32413	Country FLA	Zip 32457	Country GULF	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOVOTA, CHARLES M
201 EAST FOURTH ST.
PANAMA CITY FL 32401**

Name	Street Address (P.O. Box Number is Not Acceptable) 17615 BACK BEACH RD. PANAMA CITY, FL	City FL	Zip Code 32413
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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 *Charles M. Novota* DATE _____
Signature, type, and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$29,700.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NOVOTA, CHARLES M TRUSTEE	STREET ADDRESS	17615 BACK BEACH RD.
NAME	201 EAST FOURTH ST.	CITY - ST - ZIP	PANAMA CITY, FL 32413
STREET ADDRESS	PANAMA CITY FL 32401		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	<i>rf 3/15/00</i>
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	400003173084--5
NAME		CITY - ST - ZIP	-03/16/00--01079--022
STREET ADDRESS			****296.65 ****296.65
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *Charles M. Novota* **SIGNATURE REQUIRED** **2-23-00** **235-2543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2F003 (9/99)