

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002024**

Entity Name

PRICE INVESTMENTS LIMITED PARTNERSHIP

6/4  
4/20  
**FILED**  
00 APR 12 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 33963	Mailing Address 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 34108-7760
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-4015094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PRICE, HOMER**  
8430 ABBINGTON CIRCLE, UNIT C22  
NAPLES FL 33963

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$363,600.00**

10. Amount of Capital Contributions in FLORIDA to date. **202,050**

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	PRICE, HOMER L TRUSTEE 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 33963	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PRICE, SHIR LEE TRUSTEE 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES FL 33963	STREET ADDRESS CITY - ST - ZIP	000003223210--0 -04/25/00--00075--006 ****526.25 ****526.25
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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 of Homer L. Price** 4/3 630-584-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #