

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000161

1. Entity Name

STAED FAMILY ASSOCIATES, LTD.

Principal Place of Business

2001 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Mailing Address

P.O. BOX 7218
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 59-3371375

Applied For
Not Applicable

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

BURNETT, RANDOM R
501 NORTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

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 # P96000029654
NAME B & T FAMILY, INC.
STREET ADDRESS 2001 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

STREET ADDRESS 700004685117--9
CITY-ST-ZIP -11/16/01--01051--001
*****841.25 *****841.25

DOCUMENT # Adm - 500.00
NAME AR 52.50
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700004685117--9
CITY-ST-ZIP -11/16/01--01051--002
*****8.75 *****8.75

DOCUMENT # AR 85.75
NAME CERT 8.75
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE REQUIRED

Thomas W. Staed

10/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Thomas W. Staed Date 10/1/01 Daytime Phone # 386-386-386

0001990 AT

FILED

01 NOV -7 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/28/01

CR2E003 (5/01)

STAPLE CHECK HERE