

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000225**

1. Entity Name

SARAH E. MIDDLEBROOKS FAMILY LIMITED PARTNERSHIP

APPROVED
AND
FILED

00 MAR 29 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/5

Principal Place of Business

6036 LEXINGTON PARK
ORLANDO FL 32819

Mailing Address

P.O. BOX 732
WINDERMERE FL 34786-0732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3356548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLEBROOKS, SARAH E
6036 LEXINGTON PARK
ORLANDO FL 32819**

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 **SARAH E. MIDDLEBROOKS**

Sarah E. Middlebrooks

March 26, 2000

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.

\$1,863,655.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,863,655.00

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 **MIDDLEBROOKS, SARAH E**
STREET ADDRESS **6036 LEXINGTON PARK**
CITY - ST - ZIP **ORLANDO FL 32819**

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: *Sarah E. Middlebrooks* **SARAH E. MIDDLEBROOKS** *March 26, 2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *(407) 876-3152*

001:23:15
CR2E003 (9/99)