

# 2000 UNIFORM BUSINESS REPORT (UBR)

000 381 1

DOCUMENT # **A96000000264**

1. Entity Name  
**NOEL E. GRIFFIN, SR. FAMILY PARTNERSHIP, LTD.**

**FILED**  
**00 MAY 17 PM 4:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 985 TAVARES FL 32778	Mailing Address P.O. BOX 985 TAVARES FL 32778-0985
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3360505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRIFFIN, NOEL E JR.**  
**STATE ROAD 44 EAST, BOX 20309**  
**EUSTIS FL 32726**

**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. **\$1,225,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 STREET ADDRESS CITY - ST - ZIP	<b>GRIFFIN, NOEL E., SR., TRUSTEE</b> <b>STATE ROAD 44 EAST, BOX 20309</b> <b>EUSTIS FL 32726</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>GRIFFIN, NOEL E., JR., TRUSTEE</b> <b>STATE ROAD 44 EAST, BOX 20309</b> <b>EUSTIS FL 32726</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	<b>700003290157-4</b>
STREET ADDRESS	<b>-06/15/00--01004--011</b>
CITY - ST - ZIP	<b>*****88.75 *****88.75</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>700003290157-4</b>
STREET ADDRESS	<b>****437.50 ****437.50</b>
CITY - ST - ZIP	
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: *Noel E. Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-13-00**  
Date

Daytime Phone #

FORM 1500 1-99