

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FL 323

mg4/10



DO NOT WRITE IN THIS SPACE

DOCUMENT # A96000000332

1. Entity Name
GARCIA FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789**

Mailing Address
**601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789-3103**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3391279** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ATLANTIC COAST MANAGEMENT, INC.
601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789**

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. **\$990.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # V44833	ATLANTIC COAST MANAGEMENT, INC. 601 NORTH NEW YORK AVENUE WINTER PARK FL 32789	STREET ADDRESS	300003209693 2
NAME		CITY - ST - ZIP	-04/14/00--01073--016
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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: **Russell Barkett** SIGNATURE REQUIRED

Date **3/22/00** Daytime Phone # **(407) 647-4300**

CR2E003 (9/99)