

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000397**

1. Entity Name

THE COLBERT FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**511 DEL MONTE
CLEWISTON FL 33440**

Mailing Address

**511 DEL MONTE
CLEWISTON FL 33440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 FEB 12 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0647866

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

**MARTIN, MARY ANN C
511 DEL MONTE
CLEWISTON FL 33440**

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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 3,000,000.00

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 #
NAME **COLBERT, MARY TRUSTEE**
STREET ADDRESS **1705 SOUTH WALNUT**
CITY-ST-ZIP **PAUL'S VALLEY OK 73075**

STREET ADDRESS

CITY-ST-ZIP

**000003708220--3
-02/16/01--01137--003
***535.00 ***535.00**

DOCUMENT #
NAME **BOZARTH, CYNTHIA C TRUSTEE**
STREET ADDRESS **6529 CAHOBA DRIVE**
CITY-ST-ZIP **FORT WORTH TX 76135**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **MARTIN, MARY ANN C TRUSTEE**
STREET ADDRESS **511 DEL MONTE**
CITY-ST-ZIP **CLEWISTON FL 33440**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS **1705 SOUTH WALNUT**
CITY-ST-ZIP **PAUL'S VALLEY OK 73075**

STREET ADDRESS

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NAME **BOZARTH, CYNTHIA C**
STREET ADDRESS **6529 CAHOBA DRIVE**
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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **MARTIN, MARY ANN C**
STREET ADDRESS **511 DEL MONTE**
CITY-ST-ZIP **CLEWISTON FL 33440**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Mary Ann C. Martin, **MARY ANN C. MARTIN**

863-983-3151

1-18-2001

CR2E003 (11/00)

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