

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A96000000468

1. Entity Name

**THE WILLIAM B. LAMBERT FAMILY LIMITED PARTNERSHI**

Principal Place of Business <b>2207 GULF SHORE BLVD. N. #D4 NAPLES FL 34102</b>	Mailing Address <b>2207 GULF SHORE BLVD. N. #D4 NAPLES FL 34102</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


6. Name and Address of Current Registered Agent

**LAMBERT, WILLIAM B  
2207 GULF SHORE BLVD  
N. NAPLES FL 34102**

**FILED**

**01 JUL 26 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0622599</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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. **\$2,500,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>LAMBERT, WILLIAM B TRUSTEE 2207 GULF SHORE BLVD N. NAPLES FL 34102</b>	STREET ADDRESS	<b>100004509881--0 -07/31/01--01068--013 ****926.25 ****926.25</b>
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	<b>LAMBERT, EVELYN K TRUSTEE 2207 GULF SHORE BLVD N. NAPLES FL 34102</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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:** *William B Lambert, Trustee* **8/15/01**