

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001023**

1. Entity Name

THE BARROW FAMILY LIMITED PARTNERSHIP

FILED

00 APR -7 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

MARK V. BARROW
224 N.E. 10TH AVENUE
GAINESVILLE FL 32601

Mailing Address

MARK V. BARROW
224 N.E. 10TH AVENUE
GAINESVILLE FL 32601-4329

2. Principal Place of Business

6419 LATCHSTRING CT
Suite, Apt. #, etc.
MELROSE FLA
City & State

3. Mailing Address

6419 LATCHSTRING CT
Suite, Apt. #, etc.

City & State

MELROSE FLA

4. FEI Number

59-3393398

Applied For

Not Applicable

Zip
32606

Country
USA

Zip
32606

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARROW, MARK V
224 N.E. 10TH AVENUE
GAINESVILLE FL 32601
6419 LATCHSTRING CT
MELROSE FLA 32606

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

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.

\$952,298.00

10. Amount of Capital Contributions
in FLORIDA to date.

SAME

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
BARROW, MARK V TRUSTEE
224 N.E. 10TH AVENUE
GAINESVILLE FL 32601

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
BARROW, MARY B
224 N.E. 10TH AVENUE
GAINESVILLE FL 32601

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
6419 LATCHSTRING COURT
MELROSE FLA 32606

STREET ADDRESS
CITY - ST - ZIP
6419 LATCHSTRING COURT
MELROSE FLA 32606

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
700003217797--7
-04/20/00--01115--005
*****526.25 *****526.25

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)