

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001023

1. Entity Name
THE BARROW FAMILY LIMITED PARTNERSHIP

FILED
02 AUG -6 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6419 LATCHSTRING COURT
MELROSE FL 32666**

Mailing Address
**6419 LATCHSTRING COURT
MELROSE FL 32666**

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

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

DUE BY SEPTEMBER 25, 2002

4. FEI Number **59-3393398**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BARROW, MARK V
6419 LATCHSTRING COURT
MELROSE FL 32666**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$199,654.00**
10. Amount of Capital Contributions in FLORIDA to date. **\$199,654.00**
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 STREET ADDRESS CITY-ST-ZIP	BARROW, MARK V TRUSTEE 6419 LATCHSTRING COURT MELROSE FL 32666	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BARROW, MARY B 6419 LATCHSTRING COURT MELROSE FL 32666	STREET ADDRESS CITY-ST-ZIP	700007018327--5 -08/09/02--01058--002 ****526.25 ****526.25
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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 VERNER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **2/15/2002** Daytime Phone # **352-425-5359**

CR2E003 (4/02)

2012

July 12, 2002

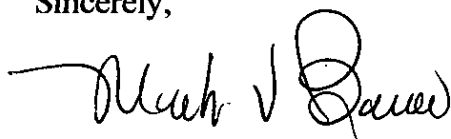
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32133-6327

Dear Sirs,

I received for the first time the uniform business report application which is enclosed. This is the first one of these that I have received. Evidently the first one was lost at the post office. The address is correct at: Mark V. Barrow, 6419 Latchstring Court, Melrose, Florida 32666.

Enclosed is the payment for this. Also under item #9 - capital contributions, as shown on the record some of these properties have been sold so this will be a different figure. I will have my CPA make this correction and send you the appropriate amount.

Sincerely,



Mark V. Barrow, MD, Ph.D.
MVB:jc