

2001 UNIFORM BUSINESS REPORT (UBR)

0018128 AF

DOCUMENT # A96000001051

1. Entity Name

SLOAN FAMILY PARTNERSHIP, LTD.

FILED

01 JUN -7 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
13392 N.W. 11TH AVENUE
OXFORD FL 34484

Mailing Address
13392 N.W. 11TH AVENUE
OXFORD FL 34484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3407692

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

SLOAN, JAMES L
13392 N.W. 11TH AVENUE
OXFORD FL 34484

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. \$760,480.00

10. Amount of Capital Contributions in FLORIDA to date. 568,895

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
SLOAN, JAMES L TRUSTEE
13392 N.W. 11TH AVENUE
OXFORD FL 34484

STREET ADDRESS
CITY-ST-ZIP
200004420502--7
-06/14/01--01100--003
****935.00 ****935.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SLOAN, ETHELMAE P TRUSTEE
13392 N.W. 11TH AVENUE
OXFORD FL 34484

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SLOAN, JAMES D
455 8TH AVENUE
LABELLE FL 33935

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOMAN, LYNNE
1515 INDIANA AVENUE
PALM HARBOR FL 34683

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HIGEL, LEE ANNE
5210 RIVER PARK VILLAS DRIVE
ST. AUGUSTINE FL 32092

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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

6-5-01

Date

352 748 4567

Daytime Phone #

CR2E003 (11/00)