

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001051**

1. Entity Name

SLOAN FAMILY PARTNERSHIP, LTD.

FILED

02 FEB 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALJH



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

DUE BY MAY 1, 2002

4. FEI Number

59-3407692

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

800005044148--6

-03/05/02--01062--002

City

******526.25 ****526.25**

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.

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

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

2-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0015676 AT