

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016163 AT

DOCUMENT # A96000001051



1. Entity Name
SLOAN FAMILY PARTNERSHIP, LTD.

FILED

03 MAR 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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, 2003

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)

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 _____
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. 594,010

11. MAKE CHECK PAYABLE TO FL. 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 SLOAN, JAMES L TRUSTEE
STREET ADDRESS 13392 N.W. 11TH AVENUE
CITY-ST-ZIP OXFORD FL 34484

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME HIGEL, LEE ANNE
STREET ADDRESS 5210 RIVER PARK VILLAS DRIVE
CITY-ST-ZIP 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:

SLOAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-20-03

Date Daytime Phone #

CR2E003 (10/02)