

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001506**

1. Entity Name

CHAPMAN FAMILY LIMITED PARTNERSHIP

FILED

01 FEB 14 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 14760
BRADENTON FL 34280-4760

Mailing Address
P.O. BOX 14760
BRADENTON FL 34280-4760



DO NOT WRITE IN THIS SPACE

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 **65-0688655**

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

CHAPMAN, CLIFFORD E
1400 99TH STREET, N.W.
BRADENTON FL 34209

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. **\$1,189,652.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,189,652.00**

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 **CHAPMAN, CLIFFORD E**
STREET ADDRESS **1400 - 99TH STREET, N.W.**
CITY-ST-ZIP **BRADENTON FL 34209**

STREET ADDRESS

CITY-ST-ZIP

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I 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 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

RE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAMP BELOW THIS LINE
EXHIBIT USE ONLY