

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

2019842 11

DOCUMENT # **A96000001550**

1. Entity Name

THE EMILY A. CASEY FAMILY LIMITED PARTNERSHIP

00 MAR 30 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

my 4/7



DO NOT WRITE IN THIS SPACE

Principal Place of Business 796 EAST 10TH AVENUE NEW SMYRNA BEACH FL 32169	Mailing Address 796 EAST 10TH AVENUE NEW SMYRNA BEACH FL 32169-3210
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3398421	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CASEY, EMILY A
796 EAST 10TH AVENUE
NEW SMYRNA BEACH FL 32169**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	CASEY, EMILY A TRUSTEE 796 EAST 10TH AVENUE NEW SMYRNA BEACH FL 32169	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-28-2000
Date Daytime Phone #

CR2E003 (9/99)