

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001593**

1. Entity Name

THE BRALY-TOWNSEND FAMILY PARTNERSHIP, LTD.

FILED

00 APR -7 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~788 SPANISH DRIVE SOUTH~~
~~LONGBOAT KEY FL 34228~~

Mailing Address

4332 44TH ST. SOUTH
ST. PETERSBURG FL 33711-4426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0694358

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

BRALY, ANNE M
788 SPANISH DRIVE SOUTH
LONGBOAT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

A332-44TH ST S

City ST PETERSBURG

FL

Zip Code 33711

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.

\$101,682.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 ANNE BRALY, TRUSTEE
STREET ADDRESS 788 SPANISH DRIVE SOUTH
CITY - ST - ZIP LONGBOAT KEY FL 34228

STREET ADDRESS 4332-44TH ST S
CITY - ST - ZIP ST PETERSBURG FL 33711

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS 200003217342--7
CITY - ST - ZIP 04/21/00 01003 006
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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: *Anne M. Braly* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 4-5-00 Date

X 727-867-3605 Daytime Phone #