

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012766 AF

**DOCUMENT # A96000001891**

1. Entity Name

THE SHERIFF FAMILY PARTNERSHIP, LTD.

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
400 HIGH POINT DRIVE, SUITE 500      400 HIGH POINT DRIVE, SUITE 500  
COCOA FL 32926      COCOA FL 32926

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405604

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

VANI, THOMAS A  
400 HIGH POINT DRIVE, SUITE 500  
COCOA FL 32926

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.      \$375,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 # J53041  
NAME S&S ENTERPRISES, INC.  
STREET ADDRESS 400 HIGH POINT DRIVE, SUITE 500  
CITY-ST-ZIP COCOA FL 32926

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 000004195290--4  
CITY-ST-ZIP 05/11/01 01032 017  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

DOCUMENT #  
NAME  
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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: *Thomas A. Vani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/25/01      Daytime Phone #: (321) 336-0200

CR2E003 (11/00)