

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000002013**

1. Entity Name

**THE F. ALAN SMITH FAMILY LIMITED PARTNERSHIP**

FILED

01 JUL -6 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>674 FRANKLYN AVENUE INDIALANTIC FL 32903</b>	Mailing Address <b>674 FRANKLYN AVENUE INDIALANTIC FL 32903</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0707472</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**DUE BY SEPTEMBER 26, 2001**

**6. Name and Address of Current Registered Agent**

**SMITH, F. ALAN  
674 FRANKLYN AVENUE  
INDIALANTIC FL 32903**

**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. **\$300,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **300,000**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>SMITH, F. ALAN 674 FRANKLYN AVENUE INDIALANTIC FL 32903</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>SMITH, JANET D 674 FRANKLYN AVENUE INDIALANTIC FL 32903</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>200004488552--1 -07/20/01--0113--018 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/3/01 321-728-8059  
Date Daytime Phone #

0001-3 11

CR2E003 (5/01)

STAPLE CHECK HERE

674 Franklyn Ave.  
Judicantia FL 32903  
July 2, 2001

Florida Dept. of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314-6327

Dear Sirs:

Enclosed is my 2001 UBR and  
check for \$526.25. I do not believe  
I should be required to pay the \$400  
late fee because I never received the  
original notice earlier in the year. I  
see every piece of mail sent to this  
house and it never came here.

Thank you.

Very truly yours,  
F. Alan Smith

Please put me on the mailing list  
for timely payment next year.