

2000 UNIFORM BUSINESS REPORT (UBR)

NY 11106100

DOCUMENT # A96000002164

1. Entity Name

SAMUEL T. BROWN FAMILY PARTNERSHIP, LTD.

FILED

00 JAN 13 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business PO BOX 11856
JACKSONVILLE FL 32239

Mailing Address PO BOX 11856
JACKSONVILLE FL 32239-1856

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 59-3432544

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	
COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD., #230 JACKSONVILLE FL 32256		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. \$1,000,000.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	CRABTREE, RICHARD F 8041 FT. CAROLINE ROAD JACKSONVILLE FL 32217	STREET ADDRESS CITY - ST - ZIP	7221 RAMOTH DRIVE JACKSONVILLE, FL 32226
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS 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: Richard F. Crabtree **SIGNATURE REQUIRED** 1/6/2000 904/251-9561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)