

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014980 AF

DOCUMENT # A96000002252

1. Entity Name

BECHTOLD FAMILY LIMITED PARTNERSHIP

FILED

01 MAR 28 AM 7:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7420 MAYFAIR COURT UNIVERSITY PARK FL 34201	Mailing Address 7420 MAYFAIR COURT UNIVERSITY PARK FL 34201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O: FLEET NATIONAL BANK Suite, Apt. #, etc. 2033 MAIN ST. Suite 200
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City & State SARASOTA, FL	4. FEI Number 65-0701599	Applied For Not Applicable
Zip 34237	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BANK OF BOSTON~~  
ATTN: SID SCHWALBE 2033 MAIN STREET  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name FLEET NATIONAL BANK ATTN:SID SCHWALBE  
Street Address (P.O. Box Number is Not Acceptable)  
2033 MAIN ST. - SUITE 200  
City SARASOTA FL Zip Code 34237

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]* DATE 3/20/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$2,227,500.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,227,500 -	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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000083133 BECHTOLD CORPORATION 7420 MAYFAIR COURT UNIVERSITY PARK FL 34201
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300003961143--6 -04/05/01--01081--001 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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]* DATE 3/20/01 DAYTIME PHONE # 941-3556628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)