

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0015539 AT

DOCUMENT # A96000002252

1. Entity Name

BECHTOLD FAMILY LIMITED PARTNERSHIP

02 MAR 18 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7420 MAYFAIR COURT
UNIVERSITY PARK FL 34201

Mailing Address

C/O FLEET NATIONAL BANK
2033 MAIN ST., STE. 200
SARASOTA FL 34237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0701599

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

FLEET NATIONAL BANK
ATTN: SID SCHWALBE
2033 MAIN ST., STE. 200
SARASOTA FL 34237

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$2,227,500.00

10. Amount of Capital Contribution
in FLORIDA to date.

\$2,227,500.00

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 # P96000083133
NAME BECHTOLD CORPORATION
STREET ADDRESS 7420 MAYFAIR COURT
CITY-ST-ZIP UNIVERSITY PARK FL 34201

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/02

Date

Daytime Phone #

941-3556628

CR2E003 (9/01)

STAPLE CHECK HERE