

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002473**

1. Entity Name

THE BLAIR FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:14

Principal Place of Business
1090 SO. COLLIER BLVD., #414
MARCO ISLAND FL 34145

Mailing Address
1090 SO. COLLIER BLVD., #414
MARCO ISLAND FL 34145-6426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3446646**

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

**WOODWARD, CRAIG R ESQUIRE
606 BALD EAGLE DR., STE. 500
MARCO ISLAND FL 34145**

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

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 **BLAIR, WILLIAM C**
STREET ADDRESS **1090 SO. COLLIER BLVD., #414**
CITY - ST - ZIP **MARCO ISLAND FL 34145**

STREET ADDRESS
CITY - ST - ZIP
**300003165353--4
-03/10/00--01077--024
***282.50 ***141.25**

DOCUMENT #
NAME **BLAIR, MAYFIELD L**
STREET ADDRESS **1090 SO. COLLIER BLVD., #414**
CITY - ST - ZIP **MARCO ISLAND FL 34145**

STREET ADDRESS
CITY - ST - ZIP
Mf 5/8/00

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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 REQUIRED** *William C Blair*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **1/23/00** (941) 394-5161

CR2E003 (9/99)