

2002 UNIFORM BUSINESS REPORT (UBR)

0015214 AI

DOCUMENT # **A96000002473**

1. Entity Name

THE BLAIR FAMILY LIMITED PARTNERSHIP

FILED

02 JAN 28 PM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

**606 BALD EAGLE DRIVE, STE. 500
MARCO ISLAND FL 34145**

Mailing Address

**POST OFFICE BOX ONE
MARCO ISLAND FL 34146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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.

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

STREET ADDRESS	CITY-ST-ZIP
	800004850688--7
	-01731702--01050--007
	****141.25 ****141.25

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

1/10/02 **941-394-7688**

Date Daytime Phone #

CR2E003 (9/01)