

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016597 AT

DOCUMENT # A96000002524

1. Entity Name  
DALE A. DEWITT FAMILY PARTNERSHIP, LTD.



FILED

03 MAY 23 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
14463 W. COLONIAL DR.  
WINTER GARDEN FL 34787

Mailing Address  
P.O. BOX 770337E  
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

14463 W Colonial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Winter Garden FL

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3435240

Applied For

Not Applicable

Zip

Country

Zip

Country

34787

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

SEVERNS, ANN L  
14463 W. COLONIAL DR.  
WINTER GARDEN FL 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$854,060.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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  
DEWITT, DALE A  
14463 W. COLONIAL DR.  
WINTER GARDEN FL 34787

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEVERNS, ANN L  
14463 W COLONIAL DR  
WINTER GARDEN FL 34787

STREET ADDRESS

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/20/03 407-656-1799

CR2E003 (10/02)

STATE OF FLORIDA