

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000114

1. Entity Name

C & L FAMILY LIMITED PARTNERSHIP

FILED

00 MAR 13 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
P. O. Box 8731 P. O. Box 8731  
Port St. Lucie, Florida Port St. Lucie, Florida  
34985 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0717690

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

Griffin, Linda S.  
1455 Court Street  
Clearwater, Florida 34616

Name -- N/A

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.

N/A

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. 2,827,422.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

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 Charles C. Newfield, Jr.  
STREET ADDRESS P. O. Box 8731  
CITY-ST-ZIP Port St. Lucie, Florida 34985

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME Lois E. Newfield  
STREET ADDRESS P. O. Box 8731  
CITY-ST-ZIP Port St. Lucie, Florida 34985

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/2000 (561)

335-7597  
Daytime Phone #

CR2E003 (9/99)