

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9000000114

1. Entity Name

C & L FAMILY LIMITED PARTNERSHIP

Principal Place of Business  
P.O. BOX 8731  
PORT ST. LUCIE FL 34985

Mailing Address  
P.O. BOX 8731  
PORT ST. LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02 MAR 27 PM 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |         |                     |         |  |                                   |
|--|---------|---------------------|---------|--|-----------------------------------|
| 2. Principal Place of Business                               |         | 3. Mailing Address  |         | DUE BY MAY 1, 2002   |                                   |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc. |         | DUE BY MAY 1, 2002   |                                   |
| City & State   |         | City & State        |         | 4. FEI Number  | Applied For<br>Not Applicable     |
| Zip  | Country | Zip                 | Country | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent              |         |                     |         | 7. Name and Address of New Registered Agent                                    |                                   |
| GRiffin, Linda S<br>1455 COURT STREET<br>CLEARWATER FL 34616 |         |                     |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. \$2,827,422.00

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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NEWFIELD, CHARLES C JR.<br>P.O. BOX 8731 N/A<br>PORT ST. LUCIE FL 34985 | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NEWFIELD, LOIS E<br>P.O. BOX 8731 N/A<br>PORT ST. LUCIE FL 34985        | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS<br>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: *Charles C. Newfield Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHARLES C. NEWFIELD JR.

2-18-02

561-335-7597

Daytime Phone #

0016450 AT

CR2E003 (9/01)