

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000000223**

1. Entity Name

**THE DEJOHN FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**4675 RAVENSWOOD ROAD  
 FORT LAUDERDALE FL 33312**

Mailing Address  
**4675 RAVENSWOOD ROAD  
 FORT LAUDERDALE FL 33312-5754**

APPROVED  
 AND  
 FILED

00 MAR 20 PM 12:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*nf3/29*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0726210**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEJOHN, GREGORY  
 4675 RAVENSWOOD ROAD  
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

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.

**\$840,000.00**

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  
**DEJOHN, GREGORY  
 4675 RAVENSWOOD ROAD  
 FORT LAUDERDALE FL 33312**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**100003195701 -- 1  
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DOCUMENT #  
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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**  
 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-15-00**

Date

**954.961.4222**

Daytime Phone #

CR2E003 (9/99)