

2001 UNIFORM BUSINESS REPORT (UBR)

001138 AF

APPROVED
AND
FILED

01 MAY -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A97000000381**

1. Entity Name
SHELDEN AND MYRNA TAXER FAMILY LIMITED PARTNERSH

Principal Place of Business % SHELDEN TAXER 3338 SABAL COVE LANE LONGBOAT KEY FL 34228	Mailing Address % SHELDEN TAXER 3338 SABAL COVE LANE LONGBOAT KEY FL 34228
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0766871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAXER, SHELDEN
3338 SABAL COVE LANE
LONGBOAT KEY FL 34228

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. \$1,411,234.00	10. Amount of Capital Contributions in FLORIDA to date. 1,411,234.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	TAXER, SHELDEN 3338 SABAL COVE LANE LONGBOAT KEY FL 34228
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	TAXER, MYRNA 3338 SABAL COVE LANE LONGBOAT KEY FL 34228
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	6673 ST. JAMES CROSSING
CITY - ST - ZIP	UNIVERSITY PARK, FL 34201
STREET ADDRESS	6673 ST. JAMES CROSSING
CITY - ST - ZIP	UNIVERSITY PARK, FL 34201
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300004286973--2
CITY - ST - ZIP	-05/22/01--01043--005 ****528.25 ****528.25
STREET ADDRESS	
CITY - ST - ZIP	
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: *Myrna Taxer* **MYRNA TAXER** **4-30-01** **941 359 6587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)