

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700000584  
 1. Entity Name  
 Patton - Pitocchelli Family Limited Partnership

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR 16 AM 8:51

Principal Place of Business: 4224 Morena Lane, Jacksonville, FL 32207  
 Mailing Address: c/o Mary P. Pitocchelli, 2827 Forest Mill Lane, Jacksonville, FL 32257

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country Zip: Country

4. FEI Number: 59-3436126  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Pitocchelli, Mary P.  
 2827 Forest Mill Lane  
 Jacksonville, FL 32257

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: 2,050,944.00  
 10. Amount of Capital Contributions in FLORIDA to date: 1,829,609  
 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	
DOCUMENT #	
NAME	Patton, Mary M.
STREET ADDRESS	4224 Morena Lane
CITY-ST-ZIP	Jacksonville, FL 32207
DOCUMENT #	
NAME	Pitocchelli, Mary P.
STREET ADDRESS	2827 Forest Mill Lane
CITY-ST-ZIP	Jacksonville, FL 32257
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400003192534--6
CITY-ST-ZIP	04/03/00 01000 006 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

*mf 3/23/00*

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: *Mary P. Pitocchelli, Mary M. Patton* 13 March 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #