

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000584

1. Entity Name  
Patton-Pitocchelli Family Limited Partnership

**FILED**

01 APR 16 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4224 Morena Lane  
Jacksonville, FL 32207

Mailing Address  
c/o Mary P. Pitocchelli  
2827 Forest Mill Lane  
Jacksonville, FL 32257

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3436126	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  
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
State: <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. 2,050,944.00

10. Amount of Capital Contributions in FLORIDA to date. 1,807,854

**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
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900004104299--6
CITY-ST-ZIP	-05/01/01--01119--005 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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: x Mary P. Pitocchelli 4-13-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)