

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000662**

1. Entity Name

**THE FRANCES SMITH FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 29 AM 10:02

Principal Place of Business 1132 PALMA SOLA BLVD. BRADENTON FL 34209	Mailing Address 1132 PALMA SOLA BLVD. BRADENTON FL 34209-3342
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0739796</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SMITH, FRANCES H</b> <b>1132 PALMA SOLA BLVD.</b> <b>BRADENTON FL 34209</b>			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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$50.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	<b>SMITH, FRANCES H</b>		
STREET ADDRESS	<b>1132 PALMA SOLA BLVD.</b>	CITY - ST - ZIP	
CITY - ST - ZIP	<b>BRADENTON FL 34209</b>		<b>100003384441--5</b>
DOCUMENT #	NAME	STREET ADDRESS	
	<b>NIEBAUM, GAYLE W</b>		<b>-09/06/00--01105--030</b>
STREET ADDRESS	<b>56 WATER STREET</b>	CITY - ST - ZIP	<b>****550.00 ****550.00</b>
CITY - ST - ZIP	<b>SANDWICH MA 02563</b>		<i>UP-452.50</i>
DOCUMENT #	NAME	STREET ADDRESS	
			<i>Amc-88.75</i>
STREET ADDRESS		CITY - ST - ZIP	<i>Cont-88.75</i>
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			

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: *Frances H. Smith* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CP2000 (1/00)