

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016083 AT

DOCUMENT # **A97000000884**

1. Entity Name  
**MARLOW L. MILLER JR. FAMILY LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -9 PM 1:57

Principal Place of Business  
**3730 AGATE COURT  
SANIBEL FL 33957**

Mailing Address  
**3730 AGATE COURT  
SANIBEL FL 33957**



2. Principal Place of Business

**16113 MT. ABBEY WAY**

3. Mailing Address

**16113 MT. ABBEY WAY**

Suite, Apt. #, etc.

**102**

Suite, Apt. #, etc.

**102**

City & State

**FORT MYERS FL**

City & State

**FORT MYERS FL**

Zip

**33908**

Country

**US**

Zip

**33908**

Country

**US**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0753735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, MARLOW L III  
16956 SOUTH MCGREGOR BLVD.  
FORT MYERS FL 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$5,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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  
CITY-ST-ZIP  
**MILLER, MARLOW L JR.  
3730 AGATE COURT  
SANIBEL FL 33957**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MILLER, LINDA L  
3730 AGATE COURT  
SANIBEL FL 33957**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**04/03/03 239.437.1222**

CR2E003 (10/02)