

2000 UNIFORM BUSINESS REPORT (UBR)

0010775 M

DOCUMENT # A97000000907

1. Entity Name

TAACT FAMILY LIMITED PARTNERSHIP

Principal Place of Business

13690 WATERFRONT STREET
PINELAND FL 33945

Mailing Address

P.O. BOX 506
PINELAND FL 33945-0506

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3: 05



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 65-0793388

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

7. Name and Address of New Registered Agent

DWELL, ANN P
13690 WATERFRONT DR.
PINELAND FL 33945

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.

\$250,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000034776
NAME TAACT MARKETING, INC.
STREET ADDRESS 13690 WATERFRONT STREET
CITY-ST-ZIP PINELAND FL 33945

STREET ADDRESS

CITY-ST-ZIP

400003245344--7
05/09/00-01111-025
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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:

ANN P. DWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/00 941-283-2994
Date Daytime Phone #

FORM 1000-00