

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001628

1. Entity Name

DEISON FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33



Principal Place of Business  
3725 BOBBIN MILL ROAD  
TALLAHASSEE FL 32312

Mailing Address  
3725 BOBBIN MILL ROAD  
TALLAHASSEE FL 32312-1201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3461443

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEISON, ROBERT R  
3233 THOMASVILLE ROAD  
TALLAHASSEE FL 32312

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. \$10,209,880.00

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 #  
NAME DEISON, ROBERT R  
STREET ADDRESS 3233 THOMASVILLE ROAD  
CITY - ST - ZIP TALLAHASSEE FL 32312

STREET ADDRESS

CITY - ST - ZIP

200003294602--0  
-06/19/00--01006--004  
\*\*\*\*535.00 \*\*\*\*535.00

DOCUMENT #  
NAME SKELTON, BENSON L  
STREET ADDRESS 1320 THOMASVILLE ROAD  
CITY - ST - ZIP TALLAHASSEE FL 32308

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME MOORE, EDGAR M  
STREET ADDRESS 3233 THOMASVILLE ROAD  
CITY - ST - ZIP TALLAHASSEE FL 32312

STREET ADDRESS

CITY - ST - ZIP

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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

4-26-00 850-386-7789

Date

Daytime Phone #

166161 000 1230