

# 2001 UNIFORM BUSINESS REPORT (UBR)

001988 AF

DOCUMENT # **A97000001628**

1. Entity Name

**DEISON FAMILY LIMITED PARTNERSHIP**

**FILED**

**01 APR 27 AM 10:16**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312</b>	Mailing Address <b>3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3461443</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DEISON, ROBERT R  
3233 THOMASVILLE ROAD  
TALLAHASSEE FL 32312**

**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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$10,209,880.00</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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DEISON, ROBERT R</b>	<b>3233 THOMASVILLE ROAD</b>	<b>TALLAHASSEE FL 32312</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SKELTON, BENSON L</b>	<b>1320 THOMASVILLE ROAD</b>	<b>TALLAHASSEE FL 32308</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MOORE, EDGAR M</b>	<b>3233 THOMASVILLE ROAD</b>	<b>TALLAHASSEE FL 32312</b>
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:** Robert R. Deison **4/20/01** **850/386-7789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)