

2002 UNIFORM BUSINESS REPORT (UBR)

0006713 AT

DOCUMENT # A97000001628

1. Entity Name

DEISON FAMILY LIMITED PARTNERSHIP

FILED LF
02 APR 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

3725 BOBBIN MILL ROAD 3725 BOBBIN MILL ROAD
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3461443 ☐ Applied For
Not Applicable

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

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 32308

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 _____ **DATE** _____

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

9. Capital Contributions as Shown on record. \$10,209,880.00 **10. Amount of Capital Contributions in FLORIDA to date.** \$209,880

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

| | |
|----------------|-----------------------|
| DOCUMENT # | DEISON, ROBERT R |
| NAME | 3233 THOMASVILLE ROAD |
| STREET ADDRESS | TALLAHASSEE FL 32312 |
| CITY-ST-ZIP | |
| DOCUMENT # | SKELTON, BENSON L |
| NAME | 1320 THOMASVILLE ROAD |
| STREET ADDRESS | TALLAHASSEE FL 32308 |
| CITY-ST-ZIP | |
| DOCUMENT # | MOORE, EDGAR M |
| NAME | 3233 THOMASVILLE ROAD |
| STREET ADDRESS | TALLAHASSEE FL 32312 |
| 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 | zip 32308 |
| STREET ADDRESS | |
| CITY-ST-ZIP | 700005449997-8 -05/03/02--01053--007 ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | zip 32308 |
| STREET ADDRESS | |
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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:  **April 22, 2002 850/386-7789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)