

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006902 AT

DOCUMENT # A97000001628

1. Entity Name  
DEISON FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
3725 BOBBIN MILL ROAD  
TALLAHASSEE FL 32312

Mailing Address  
3725 BOBBIN MILL ROAD  
TALLAHASSEE FL 32312

**FILED**  
03 APR 17 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

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 32308

Name

Street Address (P.O. Box Number is Not Acceptable)  
3500 Financial Plaza, Suite 202

City  
Tallahassee

FL

Zip Code  
32312

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

Robert R. Deison

April 15, 2003

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

DATE

9. Capital Contributions as Shown on record. **\$10,209,880.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,209,880**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DEISON, ROBERT R  
3233 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

STREET ADDRESS  
CITY-ST-ZIP  
3500 Financial Plaza, Suite 202  
Tallahassee, FL 32312

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

STREET ADDRESS  
CITY-ST-ZIP  
Tallahassee, FL  
32308  
04/17/03--01078--008 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MOORE, EDGAR M  
3233 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

STREET ADDRESS  
CITY-ST-ZIP  
3500 Financial Plaza, Suite 202  
Tallahassee, FL 32312

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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

4/15/03 850/386-7789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)