


# 2001 UNIFORM BUSINESS REPORT (UBR)

0014816 AF

**DOCUMENT #** A97000001736  
**1. Entity Name**  
 CHUCK & BERNIE HALL FAMILY PARTNERSHIP, LTD.

**FILED**  
 01 FEB 15 AM 11:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 7428 WATERSILK DRIVE      7428 WATERSILK DRIVE  
 PINELLAS PARK FL 33782      PINELLAS PARK FL 33782

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

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

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3463245      Applied For  
 Not Applicable

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

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

HALL, CHARLES A  
 7428 WATERSILK DRIVE  
 PINELLAS PARK FL 33782

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$5,000,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** **NO ADDITIONS**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	HALL, CHARLES A 7428 WATERSILK DRIVE PINELLAS PARK FL 33782
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HALL, BERNEIDA K 7428 WATERSILK DRIVE PINELLAS PARK FL 33782
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	600003745846-4 -02/21/01--01098--008 *****526.25 *****526.25
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:** Berneida K. Hall **Berneida K. Hall**      **02-10-01**      **(727)547-1189**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)