

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT #

A98000002107

Entity Name

SANDY PALM FAMILY LIMITED PARTNERSHIP

Apulva Pines Family Limited Partnership

00 APR - 3 (AND: 27)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 7362

NORTH PORT FL 34204

P.O. BOX 7362

NORTH PORT FL 34287-0362



DO NOT WRITE IN THIS SPACE

656770763

4. FEI Number

58-0340112

Applied For

Not Applicable

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

LEMEK, THEODORE J
4724 HANSAND AVENUE
NORTH PORT FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

NOTE: CHARGE 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
STREET ADDRESS
CITY - ST - ZIP
LEMEK, THEODORE J
4724 HANSAND AVENUE
NORTH PORT FL

STREET ADDRESS
CITY - ST - ZIP
188883215451--9
-04/19/00--01110--003
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
LEMEK, KATHLEEN A--
4724 HANSAND AVENUE
NORTH PORT FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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CITY - ST - ZIP

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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:

[Signature]

3/15/2000

Daytime Phone #