

2000 UNIFORM BUSINESS REPORT (UBR)

141.25

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DOCUMENT # A97000001931

1. Entity Name

DAVID T. CLARK FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:25

Principal Place of Business

17 W. CEDAR. SUITE 2
PENSACOLA FL 32501

Mailing Address

17 W. CEDAR. SUITE 2
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485020

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

CLARK, DAVID T
401 E. CHASE #105
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

17 W. Cedar St. #2

City

Pensacola

FL

Zip Code

32501

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME CLARK, DAVID T
STREET ADDRESS 4665 BOHEMIA PL
CITY-ST-ZIP PENSACOLA FL 32504

STREET ADDRESS P.O. Box 13402
CITY-ST-ZIP Pensacola, FL. 32591

DOCUMENT #
NAME CLARK, CYNTHIA C
STREET ADDRESS 4665 BOHEMIA PL
CITY-ST-ZIP PENSACOLA FL 32504

STREET ADDRESS P.O. Box 13402
CITY-ST-ZIP Pensacola, FL. 32591

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STREET ADDRESS 300003342723--5
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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:

DAVID T. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7-16-00 (850) 4347100

CR2E003 (5/00)