

2001 UNIFORM BUSINESS REPORT (UBR)

0016717 AF

DOCUMENT # A97000001931

1. Entity Name

DAVID T. CLARK FAMILY LIMITED PARTNERSHIP

FILED
01 APR -4 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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.

P.O. Box 13402

Suite, Apt. #, etc.

P.O. Box 13402

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32591

Country

USA

Zip

32591

Country

USA

4. FEI Number

59-3485020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, DAVID T
17 W. CEDAR ST., #2
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

751 Pensacola Beach Blvd. #P1

City

Pensacola Beach FL

Zip Code

32561

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

STREET ADDRESS

CITY-ST-ZIP

CLARK, DAVID T
P.O. BOX 13402
PENSACOLA FL 32591

STREET ADDRESS

CITY-ST-ZIP

4000004036604--5
-04/20/01--01116--001
****141.25 ****141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

CLARK, CYNTHIA C
P.O. BOX 13402
PENSACOLA FL 32591

STREET ADDRESS

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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:

David T. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-23-01 (850) 9169124
Date Daytime Phone #

CR2E003 (11/00)