

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002354 J1

DOCUMENT # A97000002016

1. Entity Name

BUYSSE FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -1 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business 989 AQUA CIRCLE NAPLES FL 34102	Mailing Address 989 AQUA CIRCLE NAPLES FL 34102
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0781260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BUYSSE, CHARLES J JR. 989 AQUA CIRCLE NAPLES FL 34102
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) City	989 AQUA CIRCLE 34102 FL
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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. \$900.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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
NAME	BUYSSE, JR., CHARLES J TRUSTEE
STREET ADDRESS	989 AQUA CIRCLE
CITY-ST-ZIP	NAPLES FL 34102
DOCUMENT #	NAME
NAME	BUYSSE, LIANA M TRUSTEE
STREET ADDRESS	989 AQUA CIRCLE
CITY-ST-ZIP	NAPLES FL 34102
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

44-452-50  
ADM-88-75

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: _____	DATE _____	Daytime Phone # _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP2E003 (5/00)