

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A97000002149

**Entity Name**  
DUKE FAMILY RANCH LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

**Principal Place of Business**  
ATTN: MRS. JOANNE H. DUKE  
11050 OLD TAMPA ROAD  
PARRISH FL 34219

**Mailing Address**  
ATTN: MRS. JOANNE H. DUKE  
11050 OLD TAMPA ROAD  
PARRISH FL 34219-9429



**Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0786567

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

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**  
PORGES, GREGORY J  
C/O HARLEE/PORGES/HAMLIN/KNOWLES/BALD &  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**Capital Contributions as Shown on record.** \$4,000,000.00

**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.**

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # WE REET ADDRESS Y-ST-ZIP	DUKE, JOSEPH E 11050 OLD TAMPA RD. PARRISH FL 34219	STREET ADDRESS CITY-ST-ZIP	000003178700--5 03/21/00 01113-022 ****526.25 ****526.25
DOCUMENT # WE REET ADDRESS Y-ST-ZIP	DUKE, JOANNE H 11050 OLD TAMPA RD. PARRISH FL 34219	STREET ADDRESS CITY-ST-ZIP	mf 3/21/00
DOCUMENT # WE REET ADDRESS Y-ST-ZIP	DUKE, JOSEPH E JR. 4807 1ST AVENUE DRIVE NW BRADENTON FL 34209	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # WE REET ADDRESS Y-ST-ZIP	CHESTON, LAURA GRACE 105 LUDGATE COURT MORRISVILLE NC 27560	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # WE REET ADDRESS Y-ST-ZIP	DUKE, SUSAN DIANE 4703 KIN ROSS COURT VALRICO FL 33594	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # WE REET ADDRESS Y-ST-ZIP	MORRISON, DONNA ELIZABETH 4407 WATROUS AVENUE TAMPA FL 33629	STREET ADDRESS CITY-ST-ZIP	

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:** S. JOANNE H. DUKE **3/8/00** **941 226-2552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
JoAnne H. Duke

CR2E001 (3/98)