

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002164**

1. Entity Name

EVELYN F. CRAGG FAMILY PARTNERSHIP, LTD.

FILED

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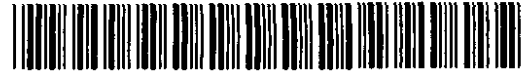
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

222 W. COMSTOCK AVENUE, SUITE 210
WINTER PARK FL 32789

Mailing Address

222 W. COMSTOCK AVENUE, SUITE 210
WINTER PARK FL 32789-4272



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 S. Pennsylvania Ave

3. Mailing Address

P.O. Box 2146

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3477641

Applied For

Not Applicable

Zip

32789

Country

US

Zip

32790

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P

222 W. COMSTOCK AVENUE, SUITE 210

WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

222 S. Pennsylvania Ave.

Suite 200

City

Winter Park,

FL

Zip Code
32789

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

Robert Saltsman

1/8/00

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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date

\$2,000,000.00

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

DOCUMENT #
NAME STEBBINS, SUSAN
STREET ADDRESS 84 UPLAND ROAD
CITY - ST - ZIP BROOKLINE MA 02146

DOCUMENT #
NAME DE MANIO, ELISABETH
STREET ADDRESS 1279 WHITEHALL PLACE
CITY - ST - ZIP SARASOTA FL 34242

DOCUMENT #
NAME LINCOLN, NANCY
STREET ADDRESS 43 HEDGE ROAD
CITY - ST - ZIP BROOKLINE MA 02146

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 222 S. Pennsylvania Ave
CITY - ST - ZIP 32789-4272

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

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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #