

2002 UNIFORM BUSINESS REPORT (UBR)

0006728 AT

DOCUMENT # **A97000002392**

1. Entity Name

WILLIAM W. GOODE, JR. LIMITED PARTNERSHIP

FILED
02 FEB -4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1320 PIEDMONT DRIVE TALLAHASSEE FL 32312	Mailing Address 1320 PIEDMONT DRIVE TALLAHASSEE FL 32312
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 59-3475919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PROCTOR, MARTHA ANNE
1320 PIEDMONT DRIVE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$900,000.00	10. Amount of Capital Contributions in FLORIDA to date. 900,000	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PROCTOR, MARTHA ANNE 1320 PIEDMONT DRIVE TALLAHASSEE FL 32312	STREET ADDRESS CITY-ST-ZIP	100004917191--0 -02/13/02-01100-019 ****535.00 ****535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GOODE, GEORGE F 2815 MCINTIRE ROAD MORROW OH 45152	STREET ADDRESS CITY-ST-ZIP	
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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: *Martha Anne Proctor* **Martha Anne Proctor 1-28-02 850-385-3239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)