

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002457

1. Entity Name

J.R.J.A. FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business

36370 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

36370 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684-1328

2. Principal Place of Business

14602 McCORMICK DR

3. Mailing Address

14602 McCORMICK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3478703

Applied For

Not Applicable

Zip

33626

Country

HILLSBOROUGH

Zip

33626

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADORF, RICK W ESQ.

LEFTER, CUSHMAN, WILKINSON & SADORF, PA

696 FIRST AVE N., STE 201

ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **SADORF, RICK W., ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
14602 McCORMICK DR

City TAMPA

FL

Zip Code 33626

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.

\$185,297.00

10. Amount of Capital Contributions
in FLORIDA to date.

185,297.00

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 BARBEE, JOHN W JR.
STREET ADDRESS 36370 US HIGHWAY 19 NORTH
CITY - ST - ZIP PALM HARBOR FL 34684

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 14602 McCORMICK DR.

CITY - ST - ZIP TAMPA, FL 33626

STREET ADDRESS 400003316084--3

CITY - ST - ZIP -07/07/00--01042--010
****526.25 ****526.25
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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:

SIGNATURE REQUIRED

JOHN W. BARBEE

813-818-9296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CE2ED03 (5-0103)