

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002909

1. Entity Name

LYON FAMILY PARTNERSHIP, LTD.

Principal Place of Business

2150 THIRLESTANE ROAD
TALLAHASSEE FL 32312

Mailing Address

2150 THIRLESTANE ROAD
TALLAHASSEE FL 32308-7019

2. Principal Place of Business

1338 Redd Rd.

Suite, Apt. #, etc.

3. Mailing Address

101 Medical Heights Dr

Suite, Apt. #, etc.

Suite F

City & State

Lexington Ky

City & State

Frankfort Ky

Zip

40500

Country

USA

Zip

40601

Country

USA

4. FEI Number

59-3447463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAGER, THOMAS W ESQ.
345 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

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

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.

\$2,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

Same

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
STREET ADDRESS
CITY - ST - ZIP
LYON, JOHN R II
2150 THIRLESTANE ROAD
TALLAHASSEE FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
LYON, THERESA D
2150 THIRLESTANE ROAD
TALLAHASSEE FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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
CITY - ST - ZIP
101 Medical Heights Drive Suite F
Frankfort Ky 40601

STREET ADDRESS
CITY - ST - ZIP
101 Medical Heights Drive Suite F
Frankfort, Ky 40601

STREET ADDRESS
CITY - ST - ZIP
700003239057--0
-05/03/00--01159--011
****526.25 ****526.25

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 or 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 #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

C-32E003 (9/99)