

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A98000000133**

1. Entity Name

DODSON LIMITED PARTNERSHIP

00 APR -3 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/13

Principal Place of Business
**906 SOUTH FREMONT AVENUE
TAMPA FL 33606**

Mailing Address
**906 SOUTH FREMONT AVENUE
TAMPA FL 33606-2817**



2. Principal Place of Business

3122 W. OAKLYN AVE

3. Mailing Address

3122 W. OAKLYN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3485768

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIBBS, JEAN D
906 SOUTH FREMONT AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

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

3122 W. OAKLYN AVE

City

TAMPA

FL

Zip Code

33609

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.

\$2,185,000.00

10. Amount of Capital Contributions in FLORIDA to date.

2,185,000.00

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 **HIBBS, JEAN D**
STREET ADDRESS **906 SOUTH FREMONT AVENUE**
CITY - ST - ZIP **TAMPA FL 33606**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3122 W. OAKLYN AVE**
CITY - ST - ZIP **TAMPA, FL 33609**

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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)(l), 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: *Jean D Hibbs, GP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jean D. Hibbs, GP 813 251 5789
Date Daytime Phone #

CR2E003 (9/99)