

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000133**

1. Entity Name

DODSON LIMITED PARTNERSHIP

APPROVED
AND
FILED
00 APR -3 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/1/13

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

3. Mailing Address

3122 W. OAKLYN AVE
Suite, Apt. #, etc.

3122 W. OAKLYN AVE
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

7. Name and Address of New Registered Agent

HIBBS, JEAN D
906 SOUTH FREMONT AVENUE
TAMPA FL 33606

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 _____ (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

13. ADDRESS CHANGES ONLY

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

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)(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: 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)