

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009691 AF

**DOCUMENT # A98000000133**

1. Entity Name

**DODSON LIMITED PARTNERSHIP**

**FILED**

01 MAR 15 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3122 WEST OAKLYN AVE.  
TAMPA FL 33609**

Mailing Address  
**3122 WEST OAKLYN AVE.  
TAMPA FL 33609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-3485768**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
3122 WEST OAKLYN AVE.  
TAMPA FL 33609**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$2,185,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 **3122 WEST OAKLYN AVE.**  
CITY-ST-ZIP **TAMPA FL 33609**

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 *Jean Hibbs* **SIGNATURE REQUIRED** **Jean Hibbs, GP** **3/12/01** **813 348 9172**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)