

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000196

1. Entity Name

EDGAR-PETTEWAY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

640 N.W. 10TH STREET
CRYSTAL RIVER FL 34429

Mailing Address

6214 BLACKBERRY LANE
BRADENTON FL 34202-2008

FILED

00 MAR 24 PM 7:19

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0810242

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

REDMOND, SUSAN
640 N.W. 10TH STREET
CRYSTAL RIVER FL 34429

Name

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

6214 BLACKBERRY LN

City

BRADENTON

FL

Zip Code

34202-2008

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

Susan Redmond

3/20/00

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.

\$80,000.00

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
STREET ADDRESS
CITY - ST - ZIP
REDMOND, SUSAN
640 N.W. 10TH STREET
CRYSTAL RIVER FL 34429

STREET ADDRESS
CITY - ST - ZIP
6214 BLACKBERRY LN
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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:

Susan Redmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/00

Date

955-1234

Daytime Phone #

CR2E003 (9/99)