


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000
Limited
Partnership
GAR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000684

1. Name of Limited Partnership

ADCOCK FLORIDA FAMILY LIMITED PARTNERSHIP

2. Principal Office Address

313 W. Fletcher Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

313 W. Fletcher Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL 33612-3414

Zip

33612-3414

Country

USA

Zip

33612-3414

Country

USA

8. Name and Address of Current Registered Agent

Name

Bruce H. Gordon, Esquire

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

101 E. Kennedy Boulevard

Suite, Apt. #, Etc.

2800

City

Tampa

State

FL

Zip Code

33602

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

59-3547033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$10,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$10,000.00

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Adcock Florida Management, Inc.	311 W. Fletcher Ave.	Tampa, FL 33612-3414	P98000024004
600003456296--1 -11/07/00--01137--001 ****167.50 ****167.50			

no reinstatement fee due

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

10-23-00

Typed or Printed Name of General Partner Signing Form

John L. Adcock, President & General Partner

Telephone Number

813-935-8795

CR2E039 (11/99)

The
ADCOCK
FINANCIAL GROUP
Estate and Benefits Planning
JOHNNY R. ADCOCK, PRESIDENT

October 23, 2000

Diane Cushing
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Document #A98000000684

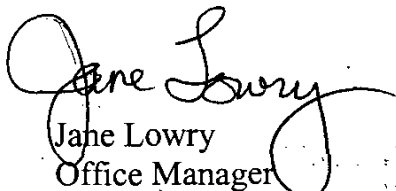
Dear Diane:

Per our telephone conversation on October 20th, I am enclosing the Limited Partnership Reinstatement application for the Adcock Florida Family Limited Partnership with Mr. Adcock's check for \$167.50 (\$70 filing fee, \$88.75 supplemental fee, and \$8.75 additional fee for a certificate of status).

As you recall, you asked me to submit this application to your attention because you agreed to waive the \$500 penalty fee since this application was submitted and rejected twice previously.

I appreciate your help in getting the 2000 Uniform Business Report filed for the Adcock Florida Family Limited Partnership.

Sincerely,


Jane Lowry
Office Manager

311 W. Fletcher Avenue
Tampa, Florida 33612

(813) 935-4091
Fax (813) 935-6940
www.adcockfinancial.com