

2000 UNIFORM BUSINESS REPORT (UBR)

1011571

DOCUMENT # A98000000711

1. Entity Name
NORTHUP FAMILY LIMITED PARTNERSHIP II

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business
1231 SECOND ST.
SARASOTA FL 34236

Mailing Address
1231 SECOND ST.
SARASOTA FL 34236-5500



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0680059

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARRISON, R. CRAIG
1605 MAIN STREET, STE. 1111
SARASOTA FL 34236

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record \$1,981,036.29

10. Amount of Capital Contributions in FLORIDA to date 655,002

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 #	NORTHUP, RONALD S
NAME	2201 CANTU COURT, STE. 100
STREET ADDRESS	SARASOTA FL 34232
CITY - ST - ZIP	
DOCUMENT #	NORTHUP, DIANE T
NAME	2201 CANTU COURT, STE. 100
STREET ADDRESS	SARASOTA FL 34232
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	1231 2nd St
CITY - ST - ZIP	Sarasota, FL 34236
STREET ADDRESS	1231 2nd St
CITY - ST - ZIP	Sarasota, FL 34236
STREET ADDRESS	700003251617--4
CITY - ST - ZIP	05/15/00--01004--006
STREET ADDRESS	*****526.25 *****526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED**

3/15/00 (941) 330-0444

Date **Daytime Phone #**

CR2E003 (9/96)