

2000 UNIFORM BUSINESS REPORT (UBR)

2218 AF

DOCUMENT # **A98000000905**

1. Entity Name
D.C. AND KAREN W. SMITH FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**1126 CARRIAGE ROAD
TALLAHASSEE FL 32312**

Mailing Address
**1126 CARRIAGE ROAD
TALLAHASSEE FL 32312-2502**

FILED *W4/20*
00 APR 12 PM 2:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, D C
1126 CARRIAGE ROAD
TALLAHASSEE FL 32312**

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. **\$318,500.00** 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	SMITH, D C 1126 CARRIAGE ROAD TALLAHASSEE FL 32312	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SMITH, KAREN W 1126 CARRIAGE ROAD TALLAHASSEE FL 32312	STREET ADDRESS CITY - ST - ZIP	700003223687--2 -04/25/00--01093--021 ****526.25 ****526.25
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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: *[Signature]* **STAMP REQUIRED** **4/10/00** **575-1166** **224-9571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #