

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001017

1. Entity Name

SWANN FAMILY LIMITED PARTNERSHIP

FILED

00 JAN 31 PM 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**255 MAGNOLIA AVENUE
WINTER HAVEN FL 33883**

Mailing Address
**255 MAGNOLIA AVENUE
WINTER HAVEN FL 33880-2902**



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 **59-7130457**

Applied For
Not Applied For

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

**STRAUGHN, JACK
255 MAGNOLIA AVENUE, SW
WINTER HAVEN FL 33880**

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

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.

\$989,657.00

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

**P98000014966
M.G. SWANN CORPORATION
255 MAGNOLIA AVNEUE
WINTER HAVEN FL 33883**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

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

M.G. Swann Corp., General Partner

SIGNATURE:

Margaret G. Swann
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Margaret G. Swann, Director

(863) 293-1184

Date **01/27/2000** Daytime Phone #