

# 2001 UNIFORM BUSINESS REPORT (UBR)

001057 AF

DOCUMENT # **A98000001017**

1. Entity Name

**SWANN FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**255 MAGNOLIA AVENUE  
WINTER HAVEN FL 33883**

Mailing Address

**255 MAGNOLIA AVENUE  
WINTER HAVEN FL 33883**

FILED

01 JAN 22 PM 12:34

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

**59-7130457**

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

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

Name

**Richard E. Straughn**

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

**255 Magnolia Avenue, SW**

**Winter Haven, FL 33880**

City

**Winter Haven, FL**

Zip Code

**33880**

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]*

**RICHARD E. STRAUGHN**

**01/ 10 /2001**

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 # **P98000014966**  
NAME **M.G. SWANN CORPORATION**  
STREET ADDRESS **255 MAGNOLIA AVENUE**  
CITY-ST-ZIP **WINTER HAVEN FL 33883**

STREET ADDRESS

CITY-ST-ZIP

**500003576445--0**

**01/26/01 01049-013**

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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

**M.G. Swann Corp., General Partners**

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Margaret G. Swann, Director 01/10/2001 (863) 293-**

Date

Daytime Phone #

**1184**

CR2E003 (11/00)