

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001114**

1. Entity Name

THE TURLEY FAMILY PARTNERSHIP, LTD.

Principal Place of Business

1465 S. FORT HARRISON AVENUE, SUITE 201  
CLEARWATER FL 33756

Mailing Address

1465 S. FORT HARRISON AVENUE, SUITE 201  
CLEARWATER FL 33756-2504

FILED

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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

59-3519571

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

LOGAN, FRANK C

121 N. OSCEOLA AVENUE, SUITE 300  
CLEARWATER FL 33755

Name  
Lee Hanscom

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

~~121 N. Osceola Avenue, Suite 300~~

Suite 201

1465 S. Fort Harrison Avenue

City

Clearwater

FL

Zip Code

33755 33756

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

*Lee Hanscom*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/00

DATE

9. Capital Contributions  
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$20,000,000

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 # P97000080224  
NAME BEAR TREE, INC.  
STREET ADDRESS 1465 S. FORT HARRISON AVENUE, SUITE 201  
CITY - ST - ZIP CLEARWATER FL 33756

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY - ST - ZIP 200003180842--9  
-03/23/00--01003--007  
\*\*\*\*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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/00

Date

Daytime Phone #

CR2E003 (9/99)