

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001236

1. Entity Name

LINDER COUSINS LIMITED PARTNERSHIP

FILED

00 JAN 24 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

108 WOODCREEK DRIVE SOUTH  
SAFETY HARBOR FL 34695-5511

Mailing Address

108 WOODCREEK DRIVE SOUTH  
SAFETY HARBOR FL 34695-5511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-7403308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDER, OWEN

108 WOODCREEK DRIVE SOUTH

SAFETY HARBOR FL 34695-5511

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.

295,000

Amount of Capital Contributions  
in FLORIDA to date.

295,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME LINDER, OWEN  
STREET ADDRESS 108 WOODCREEK DRIVE SOUTH  
CITY - ST - ZIP SAFETY HARBOR FL 34695-5511

STREET ADDRESS

CITY - ST - ZIP

600003111716--5

-01/26/00--01102--002

\*\*\*\*437.50 \*\*\*\*437.50

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CITY - ST - ZIP

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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 OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/2000 727 7264721  
Date Daytime Phone #