

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # A98000001506

1. Entity Name
The TRACY GRAFF FAMILY PARTNERSHIP, LTD

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 14 PM 1:33

ng

Principal Place of Business
Rt 10 Box 337
Lake City, FL 32025

Mailing Address
Rt 10 Box 337
Lake City, FL 32025

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

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

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number
59-3526528

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
Coleman, Randolph
9250 Boy Meadows Road Suite 230
Jacksonville, FL 32256-1813

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions 835,000 **10. Amount of Capital Contributions** 835,000 **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 #	<u>TRACY GRAFF</u>
NAME	<u>Rt. 10 Box 337</u>
STREET ADDRESS	<u>Lake City, FL 32025</u>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<u>700003299227--6</u>
CITY-ST-ZIP	<u>06/21/00 01077 094</u>
STREET ADDRESS	<u>*****535.00 *****535.00</u>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE: Tracy Graff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ **Date** _____ **Daytime Phone #** _____

CR2E003 (9/99)