

2000 UNIFORM BUSINESS REPORT (UBR)

2010411 1A

DOCUMENT # A98000001687

1. Entity Name
THE BANNING FAMILY LIMITED PARTNERSHIP AGREEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
2506 CLUBHOUSE DRIVE
PLANT CITY FL 33567

Mailing Address
1910 W. MEMORIAL BOULEVARD
LAKELAND FL 33815-1110



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

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

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE
56-3638618

4. FEI Number ~~NOT APPLICABLE~~ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BANNING, GEORGE W
1910 W. MEMORIAL BOULEVARD
LAKELAND FL 33815

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions **\$1,000.00** **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	BANNING, GEORGE W TRUSTEE 2506 CLUBHOUSE DRIVE PLANT CITY FL 33567	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	BANNING, CASSANDRA L TRUSTEE 2506 CLUBHOUSE DRIVE PLANT CITY FL 33567	STREET ADDRESS CITY - ST - ZIP	400003242684--9 -05/08/00--01089--025 ****141.25 ****141.25
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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 **3-15-00** **816-759-1638**

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