

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016776 AF

DOCUMENT # A98000001780

1. Entity Name

BRODIE FAMILY LIMITED PARTNESHIP

FILED

01 FEB 27 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
123 EUFALA STREET  
GULF BREEZE FL 32561

Mailing Address  
123 EUFALA STREET  
GULF BREEZE FL 32561



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 59-3523410

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

BRODIE, JOHN SCOTT  
123 EUFALA STREET  
GULF BREEZE FL 32561

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. \$798,776.00

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 BRODIE, JOHN SCOTT  
STREET ADDRESS 123 EUFALA STREET  
CITY-ST-ZIP GULF BREEZE FL 32561

STREET ADDRESS

CITY-ST-ZIP

700003795377--8

DOCUMENT #  
NAME BRODIE, ANN MARTIN  
STREET ADDRESS 123 EUFALA STREET  
CITY-ST-ZIP GULF BREEZE FL 32561

STREET ADDRESS

CITY-ST-ZIP

03/02/01 01031 007  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb. 24, 2001 850.932-3133

Date

Daytime Phone #

CR2E003 (11/00)