

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000001780**

1. Entity Name  
**BRODIE FAMILY LIMITED PARTNERSHIP**



FILED

03 MAR -5 PM 12:22

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**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3523410**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRODIE, JOHN SCOTT  
123 EUFALA STREET  
GULF BREEZE FL 32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions **\$798,776.00** as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	BRODIE, STEVEN G	STREET ADDRESS	
NAME	532 FAIRPOINT DRIVE	CITY-ST-ZIP	
STREET ADDRESS	GULF BREEZE FL 32561		
CITY-ST-ZIP			
DOCUMENT #	BRODIE, EDITH ANN	STREET ADDRESS	900013551809
NAME	125 SHORELINE DRIVE	CITY-ST-ZIP	03/05/03--01080--004 **526.25
STREET ADDRESS	GULF BREEZE FL 32561		
CITY-ST-ZIP			
DOCUMENT #	ARNOLD, SUSAN B	STREET ADDRESS	
NAME	305 SHORELINE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	GULF BREEZE FL 32561		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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:** *[Signature]* **2/18/3** **850-932-0106**

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

STAPLE CHECK HERE

CR2E003 (10/02)