

# 2000 UNIFORM BUSINESS REPORT (UBR)

X001435 AI

**DOCUMENT # A98000001886**

1. Entity Name  
**SCOTT P. SMITH FAMILY PARTNERSHIP, LTD.**

FILED

00 FEB 11 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2781 WEST STATE ROAD 434  
LONGWOOD FL 32779**

Mailing Address  
**2781 WEST STATE ROAD 434  
LONGWOOD FL 32779-4880**

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 **59-3533721**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, SCOTT P  
2781 WEST STATE ROAD 434  
LONGWOOD FL 32779**

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 as Shown on record. **\$2,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,400,000**

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 #	P97000104851
NAME	SPS BUSINESS CONSULTANTS, INC.
STREET ADDRESS	2781 WEST STATE ROAD 434
CITY - ST - ZIP	LONGWOOD FL 32779
DOCUMENT #	P97000104858
NAME	TAM BUSINESS CONSULTANTS, INC.
STREET ADDRESS	2781 WEST STATE ROAD 434
CITY - ST - ZIP	LONGWOOD FL 32779
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	<b>7000003136437--8 -02/15/00--01118--004 ***526.25 ***526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1-20-00** Daytime Phone # **407 6825988**

CR2E003 (9/99)