

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001904

1. Entity Name
GEORGE FAMILY PARTNERSHIP, LTD.

FILED

00 JAN 10 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
224 NORTH WAUKESHA STREET
BONIFAY FL 32425

Mailing Address
P.O. BOX 65
BONIFAY FL 32425-0065

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

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

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE

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
WILKINSON, CATI C
215 NORTH MONROE STREET, SUITE 200
TALLAHASSEE FL 32301

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 as Shown on record. \$4,618,418.00 **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 #	L98000001392	STREET ADDRESS	
NAME	BONIFAY HOLDINGS LLC	CITY - ST - ZIP	
STREET ADDRESS	224 NORTH WAUKESHA STREET		
CITY - ST - ZIP	BONIFAY FL 32425		
DOCUMENT #		STREET ADDRESS	900003099829--9
NAME		CITY - ST - ZIP	-01/14/00--01105--021
STREET ADDRESS			****526.25 ****526.25
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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: Eleonore George **1/7/00** **850-547-31**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #