

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001975**

1. Entity Name

**EVELYN ALMAND FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**400 N. TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

Mailing Address

**509 S. HYDE PARK AVENUE  
TAMPA FL 33606-2266**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1531**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

Zip

Country

**33601**

**USA**

4. FEI Number

**59-3532986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W  
400 N. TAMPA STREET, SUITE 2300  
TAMPA FL 33602**

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

**\$2,720,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**\$2,720,000.00**

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 #  
NAME **ALMAND, JOHN S TRUSTEE**  
STREET ADDRESS **509 S. HYDE PARK**  
CITY - ST - ZIP **TAMPA FL 33606**

DOCUMENT #  
NAME **ALMAND-LIGORI, EVE L TRUSTEE**  
STREET ADDRESS **509 S. HYDE PARK**  
CITY - ST - ZIP **TAMPA FL 33606**

DOCUMENT #  
NAME ~~JOEB, LEE M TRUSTEE~~ (RESIGNED)  
STREET ADDRESS ~~509 S. HYDE PARK~~  
CITY - ST - ZIP ~~TAMPA FL 33606~~  
AMENDMENT FILED:  
MAY 9, 2000

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

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: Eve Almand Ligori REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

813

Daytime Phone #

4/5/00 684-3626

FILED

00 MAY 15 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE