

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002239**

1. Entity Name

**GEORGE L. PARKER LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

Principal Place of Business  
**5346 S.W. 91ST TERRACE  
GAINESVILLE FL 32608**

Mailing Address  
**5346 S.W. 91ST TERRACE  
GAINESVILLE FL 32608**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

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

**LOTHROP, MONICA V  
5346 S.W. 91ST TERRACE  
GAINESVILLE FL 32608**

Name

**MICHAEL TILLMAN**

Street Address (P.O. Box Number is Not Acceptable)

**5346 S.W. 91ST TERRACE**

City

**GAINESVILLE**

FL

Zip Code

**32608**

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

*Michael Tillman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/10/00**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,535,883.00**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**PARKER, GEORGE L TRUSTEE  
7911 S.W. 36TH AVENUE  
GAINESVILLE FL 32608**

STREET ADDRESS

CITY-ST-ZIP

**800003337188--3**

**07/26/00-01077-009**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PARKER, JOHN J TRUSTEE  
7911 S.W. 36TH AVENUE  
GAINESVILLE FL 32608**

STREET ADDRESS

CITY-ST-ZIP

**800003337188--3**

**07/26/00-01077-010**

**\*\*\*\*400.00 \*\*\*\*400.00**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**13 July 2000**

Date

**352 375 0463**

Daytime Phone #

CR2E003 (5/00)