

2001 UNIFORM BUSINESS REPORT (UBR)

0002084 AT

DOCUMENT # A98000002663
 1. Entity Name
THE SCHREIBER FAMILY LIMITED PARTNERSHIP

FILED

01 AUG 15 AM 9:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
VIRGINIA T. SCHREIBER **VIRGINIA T. SCHREIBER**
4330 DEERING ST. **4330 DEERING ST.**
MARIANNA FL 32446 **MARIANNA FL 32446**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State City, & State

4. FEI Number **59-3541555** 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
SCHREIBER, VIRGINIA T
4330 DEERING STREET
MARIANNA FL 32446

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

9. Capital Contributions as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000,000.00**

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	SCHREIBER, VIRGINIA T
STREET ADDRESS	4330 DEERING STREET
CITY-ST-ZIP	MARIANNA FL 32446
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	700004536947--0 -08/15/01--01088--009 ****837.50 ****837.50
STREET ADDRESS	
CITY-ST-ZIP	700004536947--0 -08/15/01--01088--010 *****88.75 *****88.75
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: *Virginia T. Schreiber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **7/5/01** Daytime Phone # **850/482-2594**

CP2E003 (5/01)

STAPLE CHECK HERE