

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002850

1. Entity Name THE BELL FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business Mailing Address

2. Principal Place of Business
N/A

3. Mailing Address
2480 HALLMARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PENSACOLA, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip
32503

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL R. BELL, III
4135 BAISDEN ROAD
PENSACOLA, FL 32503

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. \$85,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$85,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # A98000002850
NAME CAROLYN L. BELL
STREET ADDRESS 2480 HALLMARK DRIVE
CITY-ST-ZIP PENSACOLA, FL 32503

STREET ADDRESS

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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: Carolyn L. Bell

CAROLYN L. BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)