

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002884**


1. Entity Name

**GUYTON FAMILY PARTNERSHIP, LTD.**

APPROVED  
AND  
FILED

00 APR 11 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

Principal Place of Business 5255 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952	Mailing Address ATTN: EVELYN STEWART GUYTON 5255 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952-6424
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3554282</b>	<b>APPLIED FOR</b>	Applied For
		Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**NASH, CHARLES I ESQ.**  
**930 SOUTH HARBOR CITY BLVD., SUITE 505**  
**MELBOURNE FL 32901**

**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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$2,500,000.00**

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	
DOCUMENT #	<b>P98000023787</b>
NAME	<b>GUYTON FAMILY ENTERPRISES, INC.</b>
STREET ADDRESS	<b>5255 SOUTH TROPICAL TRAIL</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32952</b>
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	<b>700003222077--7</b>
CITY - ST - ZIP	<b>-04/25/00--01009--007</b>
	<b>****526.25 ****526.25</b>
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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/4/00** Date **321 452-8597** Daytime Phone #

CU12614 A

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