

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002064 AF

DOCUMENT # **A98000002895**

1. Entity Name

**1995 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.**

Principal Place of Business

**450 S. ORANGE AVENUE  
ORLAND FL 32801-3336**

Mailing Address

**450 S. ORANGE AVENUE  
ORLAND FL 32801-3336**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 4920**

Suite, Apt. #, etc.

City & State

**Orlando, FL 328**

Zip

**32802-4920**

Country

**USA**

4. FEI Number

**59-3309029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GALBRAITH, JAMES C  
450 S. ORANGE AVENUE  
ORLAND FL 32801-3336**

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.

**\$425,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$425,000.00**

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  
STREET ADDRESS  
CITY-ST-ZIP  
**GALBRAITH, JAMES C  
450 S. ORANGE AVENUE  
ORLAND FL 32801-3336**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**698955  
THE GALBRAITH MANAGEMENT COMPANY, INC.  
450 S. ORANGE AVENUE  
ORLAND FL 32801-3336**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**000004421500--2**

**-06/14/01--01131--024**

**\*\*\*\*526.25 \*\*\*\*526.25**

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:

*James C. Galbraith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James C. Galbraith

*4/3/01*  
Date

(407) 650-1000

Daytime Phone #

CR2E003 (11/00)

FILED

2001 MAY 11 AM 10:53

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE