

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005845
AT

DOCUMENT # **A98000002929**

1. Entity Name

THE ALICE MILLIKAN FAMILY LIMITED PARTNERSHIP

02 APR 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ATTN: BRENT MILLIKAN
205 MAGNOLIA STREET
NEW SMYRNA BEACH FL 32168

Mailing Address

ATTN: BRENT MILLIKAN
205 MAGNOLIA STREET
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3553079

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLIKAN, BRENT
205 MAGNOLIA ST.
NEW SMYRNA BEACH FL 32168**

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.

DATE _____

9. Capital Contributions
as Shown on record.

\$2,199,666.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,199,666.00

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 # **P98000108299**
NAME **MILLIKAN MANAGEMENT, INC.**
STREET ADDRESS **205 MAGNOLIA ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE REQUIRED

Date

Daytime Phone #

4/12/02

(386) 427-1333