

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000099

1. Entity Name

BECKER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

16 BOWEN DRIVE
KEY LARGO FL 33037

Mailing Address

16 BOWEN DRIVE
KEY LARGO FL 33037-2909

2. Principal Place of Business

16 BOWEN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

16 BOWEN DRIVE

Suite, Apt. #, etc.

City & State

KEY LARGO FL

Zip

33037

Country

USA

City & State

KEY LARGO FL

Zip

33037

Country

USA

4. FEI Number

65-0824454

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRENOUGH, GERALD T

16 BOWEN DRIVE

KEY LARGO FL 33037

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.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

10,000

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
GRENOUGH, GERALD T
16 BOWEN DRIVE
KEY LARGO FL 33037

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GRENOUGH, NANCY A
16 BOWEN DRIVE
KEY LARGO FL 33037

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

300003121513-7

-02/02/00--01101--013

****158.75 ****158.75

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

CBA

1/10/2000 (305) 852-1334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #