

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000420

1. Entity Name
THOBURN LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
901 N.W. 57TH STREET
GAINESVILLE FL 32605

Mailing Address
901 N.W. 57TH STREET
GAINESVILLE FL 32605-6416

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number
59-3564608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOVAY, JOHN C
633 N.W. 8TH AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent
Name
John C. Bovay
Street Address (P.O. Box Number is Not Acceptable)
901 N.W. 57th Street
City
Gainesville, FL Zip Code
32605

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$635,172.00**

10. Amount of Capital Contributions in FLORIDA to date. **635,172.00**

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	THOBURN, ROBERT TRUSTEE 633 N.W. 8TH AVENUE GAINESVILLE FL 32601
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	THOBURN, CAROLYN S TRUSTEE 633 N.W. 8TH AVENUE GAINESVILLE FL 32601
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	901 N.W. 57th Street Gainesville, Florida 32605
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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: **SIGNATURE REQUIRED** *R Thoburn* 4/14/00 352-335-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)