

# 2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # A99000001067

1. Entity Name

The Slattery Family Limited Partnership

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:25

*inf*

Principal Place of Business

Mailing Address

410 CSC

1819 Main Street  
Suite 1000

Sarasota FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James F. Slattery

410 CSC

1819 Main Street

Suite 1000

Sarasota FL 34236

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.

1960000

10. Amount of Capital Contributions  
in FLORIDA to date.

1,607,740

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME James F and Diane Slattery, Eranks Ent  
STREET ADDRESS 1819 Main Street Suite 1000  
CITY-ST-ZIP Sarasota FL 34236

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 100003342841--7  
CITY-ST-ZIP -08/01/00--01096--003  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/29/00

Date

Daytime Phone #

CR2E003 (9/99)