

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009678 AF

**DOCUMENT # A99000001130**

**1. Entity Name**  
WOODS FAMILY LIMITED PARTNERSHIP

**Principal Place of Business**  
9815 CURRIE DAVIS DRIVE  
TAMPA FL 33875

**Mailing Address**  
9815 CURRIE DAVIS DRIVE  
TAMPA FL 33875

**2. Principal Place of Business**  
9207 ADAMO DRIVE EAST  
Suite, Apt. #, etc.

**3. Mailing Address**  
P O BOX 76037  
Suite, Apt. #, etc.

**City & State**  
TAMPA, FLORIDA

**City & State**  
TAMPA, FLORIDA

**Zip** 33619 **Country** HILLSBOROUGH 33675

**Zip** 33619 **Country** HILLSBOROUGH 33675

**6. Name and Address of Current Registered Agent**  
MCDERMOTT, MICHAEL J  
791 W. LUMSDEN RD  
BRANDON FL 33511

**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.** \$47,500.00

**10. Amount of Capital Contributions in FLORIDA to date.** 47,500.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WOODS SR, SANFORD L	STREET ADDRESS	
NAME	15303 BURSLEY CT.	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:** \_\_\_\_\_ **01/22/2001** **813 620 4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **X 200**

**FILED**  
**01 FEB 15 AM 11:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)