

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001232

1. Entity Name

BJP FAMILY LIMITED PARTNERSHIP

Principal Place of Business  
4332-101 PLAZA GATE LANE  
JACKSONVILLE FL 32217

Mailing Address  
4332-101 PLAZA GATE LANE  
JACKSONVILLE FL 32217-4460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

DORAN, KEVIN W ESQ.  
8421 BAYMEADOWS WAY, SUITE 1  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Brenda J Perkins  
Street Address (P.O. Box Number is Not Acceptable) 4332-101 Plaza Gate Ln  
City Jacksonville FL Zip Code 32217

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

Brenda J Perkins

(NOTE: Registered Agent signature required when reinstating)

4/25/00

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 PERKINS, BRENDA J  
STREET ADDRESS 4332-101 PLAZA GATE LANE  
CITY - ST - ZIP JACKSONVILLE FL 32217

13. ADDRESS CHANGES ONLY

STREET ADDRESS 000003287150--1  
CITY - ST - ZIP -06/13/00-01054-021  
\*\*\*\*141.25 \*\*\*\*141.25

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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:

Brenda J Perkins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00 904 730 3070  
Date Daytime Phone #

CR2E003 19/991