

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000001574**

1. Entity Name

**STANLEY J. NORTON LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

C/O LAIRD A. LILE, P.A.  
3033 RIVIERA DR., STE. 106  
NAPLES FL 34103-2746

Mailing Address

C/O LAIRD A. LILE, P.A.  
3033 RIVIERA DR., STE. 106  
NAPLES FL 34103-2746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0948147

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LILE, LAIRD A ESQ.  
LAIRD A. LILE, P.A.  
3033 RIVIERA DR., STE. 106  
NAPLES FL 34103-2746

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.

**\$2,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$2,400,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**NORTON, STANLEY J JR, trustee of Norton Family Trust**  
**10 52ND STREET**  
**NEWBURY MA 01951**

STREET ADDRESS  
CITY - ST - ZIP

**5 River Road**  
**West Newbury, MA 01985**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**NORTON, NOREEN M**  
**10 52ND STREET**  
**NEWBURY MA 01951**

STREET ADDRESS  
CITY - ST - ZIP

**5 River Road**  
**West Newbury, MA 01985**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**NORTON, KIRSTEN E**  
**10 52ND STREET**  
**NEWBURY MA 01951**

STREET ADDRESS  
CITY - ST - ZIP

**5 River Road**  
**West Newbury, MA 01985**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Norton, Stanley J., Jr., trustee Residuary/Marital Trust under the will of Stanley J. Norton**

STREET ADDRESS  
CITY - ST - ZIP

**5 River Road**  
**West Newbury, MA 01985**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*OK per image*

STREET ADDRESS  
CITY - ST - ZIP

**100003289681-2**  
**-06/14/00--01104--018**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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

SIGNATURE: *Kirsten E. Norton* **SIGNATURE REQUIRED** Kirsten E. Norton

978.363.8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #