

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002347 AF

**DOCUMENT #** A99000001614

**1. Entity Name**

DRAKESMITH FAMILY LIMITED PARTNERSHIP

FILED

01 FEB 14 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**

2424 JOHN YOUNG PARKWAY  
ORLANDO FL 32804

**Mailing Address**

2424 JOHN YOUNG PARKWAY  
ORLANDO FL 32804

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

59-3601829

~~APPLIED FOR~~

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DRAKESMITH, JOHN W  
2424 JOHN YOUNG PARKWAY  
ORLANDO FL 32804

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$1,300,000.00

**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 #	P99000087051
NAME	DRAKESMITH INVESTMENTS, INC.
STREET ADDRESS	2424 JOHN YOUNG PARKWAY
CITY-ST-ZIP	ORLANDO FL 32804
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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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:** J. O. Drakesmith **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date 2-9-01 Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)