

2001 UNIFORM BUSINESS REPORT (UBR)

0012012 AF

DOCUMENT # A99000001787
1. Entity Name
 DALEY-HOWELLS FAMILY PARTNERSHIP, LTD.

FILED
 01 JUN 20 PM 5:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 407 SAINT DUNSTON COURT
 TALLAHASSEE FL 32312

Mailing Address
 407 SAINT DUNSTON COURT
 TALLAHASSEE FL 32312



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 59-3609489
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DALEY, MARISUE
 407 SAINT DUNSTON COURT
 TALLAHASSEE FL 32312

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. \$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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DALEY, MARISUE 407 SAINT DUNSTON COURT TALLAHASSEE FL 32312	STREET ADDRESS CITY-ST-ZIP	200004438112--5 -06/22/01--01100--004 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOWELLS, ROBERTS 407 SAINT DUNSTON COURT TALLAHASSEE FL 32312	STREET ADDRESS 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: *Monique Roberts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 5-1-01 850 386-7197
 Date Daytime Phone #

CR2E003 (11/00)