

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000001914

**Entity Name**  
DARRAGH FAMILY PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 10:03

**Principal Place of Business**  
425 WEBBS COVE  
OSPREY FL 34229

**Mailing Address**  
425 WEBBS COVE  
OSPREY FL 34229-9269



**1. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

**2. Zip** **Country**

**3. Zip** **Country**

**4. FEI Number** ☒ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
DARRAGH, RICHARD T  
425 WEBBS COVE  
OSPREY FL 34229

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.** \$825,000.00

**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.**

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # AME STREET ADDRESS CITY - ST - ZIP	DARRAGH, MILDRED E 425 WEBBS COVE OSPREY FL 34229	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # AME STREET ADDRESS CITY - ST - ZIP	DARRAGH, RICHARD T 425 WEBBS COVE OSPREY FL 34229	STREET ADDRESS CITY - ST - ZIP	<i>nf 3/21/00</i>
DOCUMENT # AME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700003179427--7 -03/22/00--01026--015 ****526.25 ****526.25
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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:** *Richard T Darragh* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4/25/00** **Date** **Daytime Phone #**

CR2E003 (9/99)