

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002023

1. Entity Name

G. & A. WRIGHT LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business

901 N.W. 57th Street

Suite, Apt. #, etc.

3. Mailing Address

901 N.W. 57th Street

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32605

Country

Alachua

Zip

32605

Country

Alachua

4. FEI Number

59-3613392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
John C. Bovay

Street Address (P.O. Box Number is Not Acceptable)
901 N.W. 57th Street

City
Gainesville,

FL

Zip Code
32605

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.

-0-

10. Amount of Capital Contributions in FLORIDA to date.

-0-

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
STREET ADDRESS
CITY-ST-ZIP
G. & A. Wright Irrevocable Management Trust
901 N.W. 57th Street
Gainesville, Florida 32605

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
George Wright Trustee
901 NW 57th St

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
Ann Wright Trustee
901 NW 57th St

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
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:

G.A. Wright, Trustee
George A. Wright, Trustee

5/5/2000

352-331-7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)

FILED

00 MAY -8 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE