

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002032

1. Entity Name

SMOAK FAMILY LIMITED PARTNERSHIP

Principal Place of Business

8810 CR 561

Clermont, FL 34711

Mailing Address

P.O. Box 676

Minneola, FL 34755

2. Principal Place of Business

8810 CR 561

3. Mailing Address

P.O. Box 676

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Minneola, FL

Zip

34711

Country

USA

Zip

34755

Country

USA

4. FEI Number

59-3619774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Claude E. Smoak, Jr.

8810 CR 561

Clermont, FL 34711

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. 1,100,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$716,000.00

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

DOCUMENT #
NAME Claude E. Smoak, Jr.
STREET ADDRESS 8810 CR 561
CITY-ST-ZIP Clermont, FL 34711

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13. ADDRESS CHANGES ONLY

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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:

CESmoak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/00

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/29

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)