

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014197 AT

DOCUMENT # A99000002081

1. Entity Name

NORRIE 1999 LIMITED PARTNERSHIP

02 APR 26 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8972 BAYWOOD PARK DRIVE
SEMINOLE FL 34647

Mailing Address

8972 BAYWOOD PARK DRIVE
SEMINOLE FL 34647



2. Principal Place of Business

8972 Baywood Park Dr

3. Mailing Address

8972 Baywood Park Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Seminole FL

City & State

Seminole, FL

4. FEI Number

59-3619493

Applied For

Not Applicable

Zip

Country

33777 USA

Zip

Country

33777 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRIE, JOHN B

8972 BAYWOOD PARK DRIVE
SEMINOLE FL 34647

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

John B Norrie

Signature, typed or printed name of registered agent and title if applicable.

4-18-02

DATE

9. Capital Contributions
as Shown on record.

\$900.00

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 # | NORRIE, JOHN B | STREET ADDRESS | 8972 BAYWOOD PARK DR |
| NAME | 8972 BAYWOOD PARK DRIVE | CITY-ST-ZIP | SEMINOLE FL 33777 |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

John B Norrie

4-18-02

727-392-6339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #