

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002164

1. Entity Name
LLOYD PAUL FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business
PENSACOLA, FL

Mailing Address
5960 HERMITAGE DRIVE
PENSACOLA, FL 32504

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
☒ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD PAUL MANAGEMENT, L.L.C.
C/O PETER LLOYD PAUL, III
5960 HERMITAGE DRIVE
PENSACOLA, FL 32504

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 (PETER LLOYD PAUL, III), Managing Agent 3/27/00
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: \$3,800,000

10. Amount of Capital Contributions in FLORIDA to date: \$3,800,000

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 # L 9900000 8810
NAME LLOYD PAUL MANAGEMENT, LLC
STREET ADDRESS 5960 HERMITAGE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 100003260841--5
CITY-ST-ZIP -05/22/00--01011--005
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: (PETER LLOYD PAUL, III) 3/27/00 850-474-1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)