

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017987 AF

DOCUMENT # A99000002164

1. Entity Name

LLOYD PAUL FAMILY LIMITED PARTNERSHIP

FILED

01 APR -9 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O PETER LLOYD PAUL III  
5960 HERMITAGE DRIVE  
PENSACOLA FL 32504

C/O PETER LLOYD PAUL III  
5960 HERMITAGE DRIVE  
PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3663047**  
**NOT APPLICABLE**

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

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*  
(PETER LLOYD PAUL, III MANAGING AGENT)

4/2/01

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.

**\$3,800,000.00**

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 # L99000008810  
NAME LLOYD PAUL MANAGEMENT, L.L.C.  
STREET ADDRESS 5960 HERMITAGE DRIVE  
CITY-ST-ZIP PENSACOLA FL 32504

STREET ADDRESS

CITY-ST-ZIP

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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: *Peter Lloyd Paul, III Managing Agent*  
(PETER LLOYD PAUL, III MANAGING AGENT)

4/2/01

850-474-1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)