

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002220

1. Entity Name

THE LEE P. MOORE FAMILY PARTNERSHIP, LTD.

Principal Place of Business

Mailing Address

1735 State Road 419
Longwood, FL 32750

1735 State Road 419
Longwood, FL 32750

2. Principal Place of Business

1735 State Road 419

3. Mailing Address

P.O. Box 8001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Sanford, FL

4. FEI Number

59-3629257

Applied For

Not Applicable

Zip
32750

Country
USA

Zip
32772-8001

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

Stephen G. Salley, Esq.
390 N. Orange Avenue, #2500
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name

Stephen G. Salley, Esq.

Street Address (P.O. Box Number is Not Acceptable)

111 N. Orange Avenue, 20th Floor

City

Orlando

FL

Zip Code

32801

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)

July 30, 2001

DATE

9. Capital Contributions
as Shown on record.

\$2,700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,700,000.00

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 # A99000002220
NAME Lee P. Moore
STREET ADDRESS 1735 State Road 419
CITY-ST-ZIP Longwood, FL 32750

13. ADDRESS CHANGES ONLY

STREET ADDRESS P.O. Box 8001
CITY-ST-ZIP Sanford, FL 32772-8001

DOCUMENT #
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRZE003 (1/100)