

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # B97000000328**

1. Entity Name  
 NEWTON PARTNERS, LP

Principal Place of Business 4460 BATON ROUGE DR HERMITAGE TN 37076	Mailing Address 4460 BATON ROUGE DR HERMITAGE TN 37076
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 210 S. PARSONS AVENUE Suite, Apt. #, etc. SUIE 12 City & State BRANDON FL
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4. FEI Number **62-1530204** Applied For Not Applicable

Zip	Country	Zip	Country
33511	US	33511	FL

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

VAUGHAN NANCY F  
 210 S. PARSONS AVE., #12  
 BRANDON FL 33511 US

**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 **NANCY F VAUGHAN** DATE **03/06/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 10,000.00

10. Amount of Capital Contributions in FLORIDA to date. 10,000.00

**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 #	FINLEY JAMES N
NAME	4460 BATON ROUGE DRIVE
STREET ADDRESS	HERMITAGE TN 37076
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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: **JAMES N FINLEY** GP Date **03/06/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)