

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **7B97000000537**

1. Entity Name

**THE GODDARD FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

707 KRISTINA COURT  
PORT ORANGE FL 32127

Mailing Address

707 KRISTINA COURT  
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number

**36-4169186**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$5,110,421.00**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**GODDARD, SUSAN TRUSTEE  
6123 DOE CIRCLE EAST  
LAKELAND FL 33809**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**AKIN, JANE G TRUSTEE  
55 HILLCREST ROAD  
WESTON MA 02493**

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

**000007316120--0  
-08/23/02--01058--030  
\*\*\*\*541.25 \*\*\*\*541.25**

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:

*Margaret R. Thompson*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/16/02

(386) 761-

Daytime Phone #

102

0001673 AB

CR2E003 (4/02)

STAPLE CHECK HERE

Attachment

2 of 2

FILED

02 AUG 21 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Maggie Thompson

707 Kristina Ct., Port Orange, FL 32127

Phone: (386) 761-3391

Fax: (386) 760-0674

writemaggie@juno.com

August-15, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

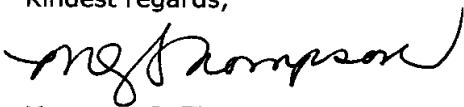
I am filing the 2002 Uniform Business Report and would like to request a waiver of the "late" fees. I received the my only filing notice in late spring 2002 with a due date of September 25, 2002.

I called your office with questions, spoke with Lee Rivers, and discovered that I should have received the filing report and filed it by February 2002.

Lee advised me to write this letter of explanation and request the waiver. I would appreciate knowing when I should expect this report to be in my home so if I don't receive it in a timely manner next year I can call your office and let you know that.

Thanks for your kind consideration and, the answer to my question (you may e-mail it to me)

Kindest regards,



Margaret G. Thompson  
The Goddard Family Limited Partnership