

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000194

1. Entity Name

THE NORTON FIRST FAMILY LIMITED PARTNERSHIP

Principal Place of Business

3443 CLUBVIEW DRIVE  
NORTH FORT MYERS FL 33917

Mailing Address

3443 CLUBVIEW DRIVE  
NORTH FORT MYERS FL 33917-2009

FILED  
203.0  
00 FEB 15 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6433 Autumn Woods Blvd.  
Naples, FL 34109

3. Mailing Address

6433 Autumn Woods Blvd.  
Naples, FL 34109

City & State

City & State

4. FEI Number

84-1389651

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORTON, MIKE  
3443 CLUBVIEW DRIVE  
NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Name

Street Address

M. Norton  
6433 Autumn Woods Blvd.  
Naples, FL 34109

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

MIKE NORTON

JAN 5/00

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.

\$150,000.00

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

DOCUMENT #  
NAME NORTON, MICHAEL G  
STREET ADDRESS 3443 CLUBVIEW DRIVE  
CITY - ST - ZIP N. FT. MYERS FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

M. Norton  
6433 Autumn Woods Blvd.  
Naples, FL 34109

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE REQUIRED

JAN 5/00 566-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)