

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000196

1. Entity Name

THE NORTON SECOND 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 1:53



DO NOT WRITE IN THIS SPACE

2.

M. Norton
6433 Autumn Woods Blvd
Naples, FL 34109

3. Mailing Address

M. Norton
6433 Autumn Woods Blvd
Naples, FL 34109

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1389631

Applied For

Not Applicable

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

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

MIKE NORTON

JAN 24/00

DATE

9. Capital Contributions
as Shown on record.

\$15,000.00

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 NORTH FORT MYERS FL 33917

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CITY - ST - ZIP

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NAME
STREET ADDRESS
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

M. Norton
6433 Autumn Woods Blvd
Naples, FL 34109

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE: MIKE NORTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/00 941-566-1456
Date Daytime Phone #