

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # B98000000218**

1. Entity Name

NICHOLSON FAMILY LIMITED PARTNERSHIP

Principal Place of Business

5445 DTC PARKWAY

ENGLEWOOD  
80111

CO

Mailing Address

27401 COUNTRY CLUB DRIVE

BONITA SPRINGS  
33923

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0929742

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**NICHOLSON ALEXANDER WJR.  
27401 COUNTRY CLUB DRIVEBONITA SPRINGS  
34134

US

FL

**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

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

(NOTE: Registered Agent signature required when reinstating)

09/20/2001

DATE

9. Capital Contributions

as Shown on record. 5,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 5,000.00

**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 #  
NAME NICHOLSON ALEXANDER WJR.  
STREET ADDRESS 27401 COUNTRY CLUB DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134DOCUMENT #  
NAME  
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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

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:**

Alexander W. Nicholson, Jr.

Mr.

09/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)