

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B98000000596**

1. Entity Name  
**HARPER FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
**70393 BRAVO STREET  
COVINGTON LA 70433**

Mailing Address  
**70393 BRAVO STREET  
COVINGTON LA 70433**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 AUG 28 AM 10: 02**




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **72-1405201** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLANKENSHIP, RUSSELL  
1733 HILL AVENUE  
MANGONIA PARK FL 33407**

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) DATE

9. Capital Contributions as Shown on record. **\$175,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>M98000001153 CRESCENT CITY/HARPER PROPERTIES, L.L.C. 70393 BRAVO STREET COVINGTON LA 70433</b>	STREET ADDRESS CITY-ST-ZIP	<b>000003380400--6 -09/01/00--01069--020 ****926.25 ****926.25</b>
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CR2E003 (5/00)

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 M. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **23 AUG 2000** Daytime Phone # \_\_\_\_\_  
*JACK B. HARPER*