

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001599

1. Entity Name

JAM FAMILY LIMITED PARTNERSHIP, LTD.

FILED

02 JAN 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

915-917 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

Mailing Address

915-917 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

2. Principal Place of Business

915-917 Country Club.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Cape Coral FL

City & State

Same

4. FEI Number

65-1049549

Applied For

Not Applicable

Zip

33440

Country

LEE

Zip

SAME

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSINA, JAMES A

915-917 COUNTRY CLUB BLVD.

CAPE CORAL FL 33990

Name

JAMES A MESSINA

Street Address (P.O. Box Number is Not Acceptable)

915-917 Country Club Blvd

City

Cape Coral

FL

Zip Code

33990

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

James A. Messina

1-9-02

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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
MESSINA, JAMES A
915-917 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

James A. Messina 1-9-02 941-458-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)