

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000591

1. Entity Name

THE SCHWEND FAMILY LIMITED PARTNERSHIP

FILED

02 JUL 12 PM 4:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA



0001861 AB

Principal Place of Business

28945 JOHNSTON RD
DADE CITY FL 33523

Mailing Address

28945 JOHNSTON RD
DADE CITY FL 33523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number

59-7185861

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

7. Name and Address of New Registered Agent

HERSCH, LARRY S ESQ
12249 US HWY 301
DADE CITY FL 33523

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$270,000.00

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

SCHWEND, CHARLES LEONARD
28945 JOHNSTON RD
DADE CITY FL 33523

STREET ADDRESS

CITY-ST-ZIP

500006453045--9

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHWEND, JUDITH DIANNE
28945 JOHNSTON RD
DADE CITY FL 33523

STREET ADDRESS

CITY-ST-ZIP

07/16/02 01062-006
***926.25 ***926.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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:

Judith D. Schwend, Fred M. D. Schwend

7/10/02 352-588-2220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)

STAPLE CHECK HERE