

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016032 AT

DOCUMENT # **A01000001453**

1. Entity Name

**ACS FAMILY LIMITED PARTNERSHIP, LTD.**

FILED

02 MAY -3 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4875 ALT. HIGHWAY 19 SOUTH  
TARPON SPRINGS FL 34689

Mailing Address

P.O. BOX 1293  
TARPON SPRINGS FL 34688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3753121**

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

**MARQUARDT, EMIL C JR, ESQ**  
**625 COURT STREET**  
**SUITE 200**  
**CLEARWATER FL 33756**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$250,000.00**

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
P01000103986	ACS GENERAL PARTNERS, INC.	4875 ALT. HIGHWAY 19 SOUTH	TARPON SPRINGS FL 34689

STREET ADDRESS	CITY-ST-ZIP

**300005578013-1**  
**-05/22/02--01001--026**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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 *David B. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *5/10*  
Daytime Phone #

CR2E003 (9/01)