

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A12831**

1. Entity Name

GEORGIA ARMS, LIMITED

Principal Place of Business

**C/O KEY MANAGEMENT COMPANY
155 N. MARKET, STE. 800
WICHITA KS 67202**

Mailing Address

**125 N. MARKET, #1510
WICHITA KS 67202**

FILED

02 JUN 20 PM 1:27

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



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

48-0938380

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

**A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

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.

DATE

9. Capital Contributions
as Shown on record.

\$730,000.00

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

DOCUMENT #	831819
NAME	THE LAW COMPANY, INC.
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA KS 67203
DOCUMENT #	F94000006139
NAME	KEY MANAGEMENT COMPANY
STREET ADDRESS	155 N. MARKET, STE. 800
CITY-ST-ZIP	WICHITA KS 67202
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	200006050202-6
CITY-ST-ZIP	-06/26/02--01053--011
	****400.00 ****400.00
STREET ADDRESS	200006050202-6
CITY-ST-ZIP	-06/26/02--01053--012
	****526.25 ****526.25
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-17-02

Date

Daytime Phone #

CR2E003 (9/01)