

2002 UNIFORM BUSINESS REPORT (UBR)

0015019 AT

DOCUMENT # **A95000001153**

1. Entity Name

BISANZ FAMILY LIMITED PARTNERSHIP

FILED

2002 MAR -4 PM 3:31

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business C/O LEONARD W. BISANZ 715 WILLOWOOD LANE NAPLES FL 34108	Mailing Address C/O LEONARD W. BISANZ 715 WILLOWOOD LANE NAPLES FL 34108
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2. Principal Place of Business Retired	3. Mailing Address 715 WILLOWOOD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	NAPLES FLORIDA	4. FEI Number 65-0600056	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 34108	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KELLY, CHARLES M JR.
2640 GOLDEN GATE PKWY.
STE. 315
NAPLES FL 34105-3203**

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]* **No change TO The ABOVE** DATE **2/11/2002**

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	BISANZ, LEONARD W 715 WILLOWOOD LANE NAPLES FL 34108
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BISANZ, HELEN C 715 WILLOWOOD LANE NAPLES FL 34108
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600005099746--3 -03/13/02--01060--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: **HELEN C. BISANZ** *[Signature]* **SIGNATURE GROUPED** DATE **Feb. 11, 2002** DAYTIME PHONE # **941-598-9258**

STAPLE CHECK HERE

CR2E003 (9/01)