

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001109

1. Entity Name
ABLEIDINGER FAMILY LIMITED PARTNERSHIP

FILED
00 MAY 30 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4529 CHEVAL BLVD. LUTZ FL 33549	Mailing Address 4529 CHEVAL BLVD. LUTZ FL 33549-5332
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3450672	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ABLEIDINGER, ROBERT J
4529 CHEVAL BLVD.
LUTZ FL 33549

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **SAME**

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 #	NAME
STREET ADDRESS	4529 CHEVAL BLVD.
CITY - ST - ZIP	LUTZ FL 33549
DOCUMENT #	NAME
STREET ADDRESS	4529 CHEVAL BLVD.
CITY - ST - ZIP	LUTZ FL 33549
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	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400003297374--1
CITY - ST - ZIP	06/20/00--01062--011
STREET ADDRESS	***141.25 ***141.25
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: *Robert J. Ableidinger* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/24/00 **630 325-5680**
Date Daytime Phone #

0012800