

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001109

1. Entity Name

ABLEIDINGER FAMILY LIMITED PARTNERSHIP

FILED
01 JAN 24 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ng

Principal Place of Business
**4529 CHEVAL BLVD.
LUTZ FL 33549**

Mailing Address
**4529 CHEVAL BLVD.
LUTZ FL 33549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3450672**

Applied For
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

7. Name and Address of New Registered Agent

**ABLEIDINGER, ROBERT J
4529 CHEVAL BLVD.
LUTZ FL 33549**

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.

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	STREET ADDRESS	CITY-ST-ZIP
	ABLEIDINGER, ROBERT J	4529 CHEVAL BLVD.	LUTZ FL 33549		
	ABLEIDINGER, SUSAN	4529 CHEVAL BLVD.	LUTZ FL 33549		

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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/01 913 949-5473
Date Daytime Phone #

CR2E003 (11/00)