

2002 UNIFORM BUSINESS REPORT (UBR)

0019481 AB

DOCUMENT # B96000000097

1. Entity Name

JEFFREY CHAIN, L.P. LIMITED PARTNERSHIP

FILED

02 MAR 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE

Mailing Address

2307 MADEN DR
MORRISTOWN TN 37813



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

36-4064692

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$413,000.00

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 # F96000001229
NAME JEFFREY CHAIN CORP.
STREET ADDRESS 2307 MADEN DR
CITY-ST-ZIP MORRISTOWN TN 37813

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 Hollinsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-20-02

923-586-1951

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE