

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001677

1. Entity Name

L.K. FAMILY LIMITED PARTNERSHIP

FILED

00 FEB -7 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1410 WINDSOR AVENUE  
LONGWOOD FL 32750

Mailing Address  
P.O. BOX 150734  
ALTAMONTE SPRINGS FL 32715-0734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3525721

Applied For

Not Applied

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

KOLTUN, JEFFREY M  
1061 MAITLAND CENTER COMMONS, STE 106  
MAITLAND FL 32751

Name  
Koltun, Jeffrey M.  
Street Address (P.O. Box Number is Not Acceptable)  
557 North Wymore Road, Suite 100  
City Maitland FL Zip Code 32751

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,330,083.00

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 IHRIG, DONALD M  
STREET ADDRESS 1410 WINDSOR AVENUE  
CITY-ST-ZIP LONGWOOD FL 32750

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME IHRIG, KATHLEEN K  
STREET ADDRESS 1410 WINDSOR AVENUE  
CITY-ST-ZIP LONGWOOD FL 32750

STREET ADDRESS

CITY-ST-ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

01-25-00

407-831-8932