

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001224**

1. Entity Name

HERREN FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business

**3006 TRESTWICK WAY
TALLAHASSEE FL 32312**

Mailing Address

**3006 TRESTWICK WAY
TALLAHASSEE FL 32312**

FILED

2002 MAR -5 AM 9:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

P.O. BOX 854

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 854

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

EASTPOINT, FL

City & State

EASTPOINT, FL

4. FEI Number

59-3643195

Applied For

Not Applicable

Zip

32328

Country

Zip

32325

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERREN, ROBERT S
3006 TRESTWICK WAY
TALLAHASSEE FL 32312**

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]

3/3/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,954,822

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
CITY-ST-ZIP
**HERREN, ROBERT S
3006 TRESTWICK WAY
TALLAHASSEE FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700005097287--9
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*****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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/02

Date

Daytime Phone #

0006725 AT

CR2E003 (9/01)

STAPLE CHECK HERE