

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A94000001880



1. Entity Name  
WILLIAM R. AND THELMA L. CLONTS FAMILY LIMITED P  
ARTNERSHIP

FILED

03 FEB 21 PM 2:21

Principal Place of Business  
C/O WILLIAM R. CLONTS  
146 HILLCREST AVENUE  
OVIEDO FL 32765

Mailing Address  
C/O WILLIAM R. CLONTS  
146 HILLCREST AVENUE  
OVIEDO FL 32765

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3291461

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

SPEER, THOMAS A  
113 MAGNOLIA AVENUE  
SANFORD FL 32771

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions \$2,216,270.00  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 CLONTS, THELMA LEE  
STREET ADDRESS 146 HILLCREST AVE.  
CITY-ST-ZIP OVIEDO FL 32765

STREET ADDRESS

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/03 407 365-3449

Daytime Phone #

CR2E003 (10/02)