

2002 UNIFORM BUSINESS REPORT (UBR)

0001834 AB

DOCUMENT # A00000000078

1. Entity Name

EAGER FAMILY LIMITED PARTNERSHIP

FILED

02 SEP 13 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

17251 N.E. 75 STREET
WILLISTON FL 32696

Mailing Address

P.O. BOX 954
WILLISTON FL 32696

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0991212

Applied For

Not Applicable

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

VETRICK, JOSEPH
171 HOOD STREET, SUITE 16
TAVERNIER FL 33070

Name

Marty Smith

Street Address (P.O. Box Number is Not Acceptable)

Bond, Arnett, Phelan, Smith & Craggs, P.A.
101 Southwest 3rd Street

City

Ocala

FL

Zip Code

34474

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.

9-12-02

DATE

9. Capital Contributions
as Shown on record.

\$5,900,000.00

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 # P00000002126
NAME EAGER INVESTMENTS, INC.
STREET ADDRESS 325 CALUSA STREET
CITY-ST-ZIP KEY LARGO FL 33037

STREET ADDRESS

CITY-ST-ZIP

700007803497--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)