

2002 UNIFORM BUSINESS REPORT (UBR)

0006700
AT

DOCUMENT # **A00000000080**

1. Entity Name

SAM AND LOIS SHOVLAIN FAMILY PARTNERSHIP, LTD.

FILED
02 JUN 18 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4796 LANCASHURE LANE
TALLAHASSEE FL 32308**

Mailing Address

**4796 LANCASHURE LANE
TALLAHASSEE FL 32308**



2. Principal Place of Business

3. Mailing Address

1400 Village Sq Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3-223

DUE BY MAY 1, 2002

City & State

City & State

Tallahassee, FL

4. FEI Number

59-3614627

Applied For

Not Applicable

Zip

Country

Zip

32312

Country

USA

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

SHOVLAIN, HUGH E JR.

**4796 LANCASHURE LANE
TALLAHASSEE FL 32308**

Name

Stacey Kalka

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

8108 Blenheim Lane

City

Tallahassee

FL

Zip Code

32312

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

Lois E. Shovlain

Stacey T. Kalka

6-10-02

DATE

9. Capital Contributions
as Shown on record.

\$932,836.41

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SHOVLAIN, HUGH E JR.
4796 LANCASHURE LANE
TALLAHASSEE FL 32308**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SHOVLAIN, LOIS E
4796 LANCASHURE LANE
TALLAHASSEE FL 32308**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000005883760--0

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DOCUMENT #
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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:

Lois E. Shovlain

5-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)