

2002 UNIFORM BUSINESS REPORT (UBR)

0015048 AT

DOCUMENT # A00000000203

1. Entity Name
THE CORDERS LANDSCAPE SUPPLY, FAMILY LIMITED PARTNERSHIP

Principal Place of Business
10681 REGENT CIRCLE
NAPLES FL 34109

Mailing Address
10681 REGENT CIRCLE
NAPLES FL 34109

FILED
02 MAR 25 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
24208 Production Circle
Suite, Apt. #, etc.

3. Mailing Address
24208 Production Circle
Suite, Apt. #, etc.

City & State
Bonita Springs FL

4. FEI Number
59-3624099

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORDER, DONALD R
10681 REGENT CIRCLE
NAPLES FL 34109

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): 24208 Production Circle
City: Bonita Springs FL Zip Code: 34135

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

9. Capital Contributions as Shown on record. \$1,000.00

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 #	CORDER, DONALD R	STREET ADDRESS	24208 Production Circle
NAME	10681 REGENT CIRCLE	CITY-ST-ZIP	Bonita Springs, FL 34135
STREET ADDRESS	NAPLES FL 34109		
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: *Mary Ann Corder* **3-4-02** **941-425-5444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE