

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000523

1. Entity Name

A K BLAKE FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

6216 NW 125th AVE.
CORAL SPRINGS, FL 33076

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CORAL SPRINGS, FL 33076

FILED

01 JUN 15 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KIM A. CHERRY
6216 NW 125th AVE.
CORAL SPRINGS, FL 33076

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record.

2,000,000

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
KIM A CHERRY
6216 NW 125th AVE
CORAL SPRINGS FL 33076

STREET ADDRESS
CITY-ST-ZIP
900004433389--7
-06/21/01--01004--022
****526.25 ****526.25

DOCUMENT #
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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:

KIM A. CHERRY
SIGNATURE AND TITLE OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

6/11/01 (954) 344-1869

CR2E003 (11/00)