

# 2002 UNIFORM BUSINESS REPORT (UBR)

00005/27 AT

DOCUMENT # **A00000000634**

1. Entity Name

**ROBERT AND ROBEANA CHAFFIOT FAMILY PARTNERSHIP, LTD.**

FILED

02 FEB 25 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1802 S. FISKE BLVD., STE. 101  
ROCKLEDGE FL 32955**

Mailing Address

**1802 S. FISKE BLVD., STE. 101  
ROCKLEDGE FL 32955**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3702166**

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

**CHAFFIOT, ROBEANA G  
8 RIVER EDGE DRIVE  
ROCKLEDGE FL 32955**

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.

SIGNATURE -

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

DATE

9. Capital Contributions  
as Shown on record.

**\$100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$100,000.00**

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	<b>CHAFFIOT, ROBERT R</b>
STREET ADDRESS	<b>8 RIVER EDGE DRIVE</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
DOCUMENT #	
NAME	<b>CHAFFIOT, ROBEANA G</b>
STREET ADDRESS	<b>8 RIVER EDGE DRIVE</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>9000005033289--0</b>
CITY-ST-ZIP	<b>-03/04/02--01006--023</b>
	<b>***526.25 ***526.25</b>
STREET ADDRESS	
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STREET ADDRESS	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/18/02*  
Date

*321-632-3444*  
Daytime Phone #

CR2E003 (9/01)