

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A0000000827**

1. Entity Name

**SMIRCICH FAMILY PARTNERSHIP, LTD.**

Principal Place of Business

4200 IONA STREET  
TITUSVILLE FL 32796

Mailing Address

4200 IONA STREET  
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SMIRCICH, FRANCES  
4200 IONA STREET  
TITUSVILLE FL 32796**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$67,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**167,500.00**

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  
STREET ADDRESS  
CITY-ST-ZIP

**SMIRCICH, FRANCES TRUSTEE  
4200 IONA STREET  
TITUSVILLE FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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:

*Frances Smircich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*3/16/01*

Date

Daytime Phone #

0001839  
AF

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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