

2002 UNIFORM BUSINESS REPORT (UBR)

0014500 AT

DOCUMENT # A00000000875

1. Entity Name

FAMILY SGC LIMITED PARTNERSHIP

FILED

02 APR 18 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

151 Woden Way
Valhalla
Winter Haven, FL 33884

Mailing Address

P.O. BOX 109
WINTER HAVEN FL 33822-0109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3646475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORR, GEORGE C

151 Woden Way P.O. Box 109
Valhalla Winter Haven, FL
Winter Haven, FL 33884 33882

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.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 DORR, GEORGE C
STREET ADDRESS 151 Woden Way-Valhalla
CITY-ST-ZIP Winter Haven, FL 33884

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME DORR, ANNABELLE B
STREET ADDRESS 151 Woden Way --Valhalla
CITY-ST-ZIP Winter Haven, FL 33884

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED

George C. Dorr

4-12-02

Date

Daytime Phone #

CR2E003 (9/01)