

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000965

1. Entity Name

THOMAS E. KOVACIK LIMITED PARTNERSHIP

FILED

01 MAY -3 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1800 Ben Franklin Drive, B209 1800 Ben Franklin Dr. B209  
Sarasota, FL 34236 Sarasota, FL 34236

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

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

Kovacik, Thomas E.  
1800 Ben Franklin Drive, B209  
Sarasota, FL 34236

Name

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

City

800004334878-0

-05/30/01--01094--022

\*\*\*\*141.25 \*\*\*\*141.25

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. \$600,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$0.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME Kovacik, Thomas E. Trustee  
STREET ADDRESS 1800 Ben Franklin Drive, B209  
CITY-ST-ZIP Sarasota, FL 34236

STREET ADDRESS

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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:

Thomas E. Kovacik

Thomas E. Kovacik, Trustee 5/01/01 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)