

2002 UNIFORM BUSINESS REPORT (UBR)

0004721 AV

DOCUMENT # A00000000965

1. Entity Name

THOMAS E. KOVACIK LIMITED PARTNERSHIP

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business

Mailing Address

1800 BEN FRANKLIN DRIVE, B209
SARASOTA FL 34236

1800 BEN FRANKLIN DRIVE, B209
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

DUE BY MAY 1, 2002

4. FEI Number

651100521

Applied For

Not Applicable

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

KOVACIK, THOMAS E
1800 BEN FRANKLIN DRIVE, B209
SARASOTA FL 34236

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.

\$600,000.00

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
KOVACIK, THOMAS E TRUSTEE
1800 BEN FRANKLIN DRIVE, B209
SARASOTA FL 34236

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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:

Thomas E. Kovarik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/02

Date

941-388-1192

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE