

- 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001189

1. Entity Name

THACKER FAMILY LIMITED PARTNERSHIP

Principal Place of Business 135 CARNEGIE WAY, SUITE 600 ATLANTA GA 30303	Mailing Address 135 CARNEGIE WAY, SUITE 600 ATLANTA GA 30303
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

01 OCT 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DUE BY SEPTEMBER 26, 2001

4. FEI Number 58-2560867 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

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. \$99,000.00	10. Amount of Capital Contributions in FLORIDA to date. 99,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	THACKER, GARY	STREET ADDRESS	
NAME	135 CARNEGIE WAY, SUITE 600	CITY-ST-ZIP	
STREET ADDRESS	ATLANTA GA 30303		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300004674613--4
NAME		CITY-ST-ZIP	-11/09/01--01055--012
STREET ADDRESS			***1026.26 ***1026.26
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NAME		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 19.27(3)(c), Florida Statutes. 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** _____ **10/16/01** **404-525-1376**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0002918 AB

CR2E003 (5/01)

SAMPLE CHECK HERE