

2002 UNIFORM BUSINESS REPORT (UBR)

0005213 AT

DOCUMENT # A00000001189

1. Entity Name

THACKER FAMILY LIMITED PARTNERSHIP

FILED
02 MAY -3 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

135 CARNEGIE WAY, SUITE 600
ATLANTA GA 30303

Mailing Address

135 CARNEGIE WAY, SUITE 600
ATLANTA GA 30303



2. Principal Place of Business

133 Carnegie Way

3. Mailing Address

133 Carnegie Way

Suite, Apt. #, etc.

6th Floor

Suite, Apt. #, etc.

6th Floor

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-2560867

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPCO, INC.

2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133

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.

\$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

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 THACKER, GARY
STREET ADDRESS 135 CARNEGIE WAY, SUITE 600
CITY-ST-ZIP ATLANTA GA 30303

STREET ADDRESS 133 Carnegie Way, 6th Floor
CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/02 404525-1370
Date Daytime Phone #

CR2E003 (9/01)