

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010383 AF

DOCUMENT # A00000001257

1. Entity Name

BEST FAMILY LIMITED PARTNERSHIP

Principal Place of Business

5410 FLORIDA AVE S. SUITE 12  
LAKELAND FL 33813-4909

Mailing Address

PO BOX 6196  
LAKELAND FL 33807-6196

FILED  
01 MAR -5 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3665710

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

PUISSEGUR, FRANK  
5410 FLORIDA AVE S, SUITE 12  
LAKELAND FL 33813-4909

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.

\$578,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10,000.00

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 PUISSEGUR, FRANK  
STREET ADDRESS 5410 FLORIDA AVE S, SUITE 12  
CITY-ST-ZIP LAKELAND FL 33813-4909

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Frank D. Puisseur

12 Feb '01 863/484467

CR2E003 (11/00)