

2001 UNIFORM BUSINESS REPORT (UBR)

142
0001783 AT

DOCUMENT # A00000001342

1. Entity Name

JOHN R. AND SALLY S. KRAMER FAMILY LIMITED PARTN

Principal Place of Business

12620 COLLIER'S RESERVE DRIVE
NAPLES FL 34110

Mailing Address

12620 COLLIER'S RESERVE DRIVE
NAPLES FL 34110

FILED
Aug 20, 2001 8:00 A.M.
Secretary of State

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number

☒ 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

ROSS, JEREMY P
C/O BUSH ROSS GARDNER WARREN & RUDY, P.A.
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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

\$550,000.00

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 KRAMER, JOHN R TRUSTEE
STREET ADDRESS 12620 COLLIER'S RESERVE DRIVE
CITY-ST-ZIP NAPLES FL 34110

STREET ADDRESS

CITY-ST-ZIP

000004539050--7

DOCUMENT #
NAME KRAMER, SALLY S TRUSTEE
STREET ADDRESS 12620 COLLIER'S RESERVE DRIVE
CITY-ST-ZIP NAPLES FL 34110

STREET ADDRESS

CITY-ST-ZIP

-08/17/01--01004--003

*****526.25 *****526.25

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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:

John R. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sally A. Kramer 7/25/01 941-593-0748
Date Day/Time Phone #

CR2E003 (5/01)