

2002 UNIFORM BUSINESS REPORT (UBR)

0015074 AT

DOCUMENT # A00000001342

1. Entity Name
JOHN R. AND SALLY S. KRAMER FAMILY LIMITED PARTNERSHIP

FILED
02 APR 25 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12620 COLLIER'S RESERVE DRIVE
NAPLES FL 34110

Mailing Address
12620 COLLIER'S RESERVE DRIVE
NAPLES FL 34110

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROSS, JEREMY P
C/O BUSH ROSS GARDNER WARREN & RUDY, P.A.
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$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 #	KRAMER, JOHN R TRUSTEE 12620 COLLIER'S RESERVE DRIVE NAPLES FL 34110	STREET ADDRESS	900005451819--7 -05/06/02--01010--008 ****526.25 ****526.25
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	KRAMER, SALLY S TRUSTEE 12620 COLLIER'S RESERVE DRIVE NAPLES FL 34110	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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 for John R. & Sally S. Kramer Family LP* 4/23/02 (813) 221-7750

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

CP2E003 (9/01)