

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001346

1. Entity Name

JAMES AND JACQUELINE PONCE FAMILY LIMITED PARTNE

Principal Place of Business

57 COMARES AVENUE
ST AUGUSTINE FL 32084

Mailing Address

57 COMARES AVENUE
ST AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-3676293

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

PONCE, DAVID M
57 COMARES AVENUE
ST AUGUSTINE FL 32084

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.

\$1,500,000.00

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
STREET ADDRESS
CITY-ST-ZIP
PONCE SR, JAMES A TRUSTEE
57 COMARES AVENUE
ST AUGUSTINE FL 32084

STREET ADDRESS
CITY-ST-ZIP
700004421127--7
-06/14/01--01123--011
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PONCE, JACQUELINE S TRUSTEE
57 COMARES AVENUE
ST AUGUSTINE FL 32084

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-01

Date

904/829-86460

Daytime Phone #

CR2E003 (11/00)

001509 AF

FILED

01 MAY 23 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH