

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR -8 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014438 AT

DOCUMENT # A00000001354

1. Entity Name

SEAY FAMILY LIMITED PARTNERSHIP, LLLP

Principal Place of Business

247 EAST STUART AVENUE
LAKE WALES FL 33853

Mailing Address

247 EAST STUART AVENUE
LAKE WALES FL 33853



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3664778

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

SEAY, JAMES P
247 EAST STUART AVENUE
LAKE WALES FL 33853

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.

\$76,677.00

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 SEAY, JAMES P
STREET ADDRESS 247 EAST STUART AVE
CITY-ST-ZIP LAKE WALES FL 33853

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME SEAY, JULIE S
STREET ADDRESS 247 EAST STUART AVE
CITY-ST-ZIP LAKE WALES FL 33853

STREET ADDRESS

CITY-ST-ZIP

900005258809--3

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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

4/3/02

863-678-1338

Date

Daytime Phone #

CR2E003 (9/01)