

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001386**

1. Entity Name

SCHAEFFNER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**621 E. CAPE CORAL PKWY
CAPE CORAL FL 33904**

Mailing Address

**621 E. CAPE CORAL PKWY
CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

~~LAROCGO, ROBERT~~

~~621 E. CAPE CORAL PARKWAY~~

~~CAPE CORAL FL 33904~~

Name

JAMES W. AMBLER

Street Address (P.O. Box Number is Not Acceptable)

1505 SE. 40th Street, Suite C

City

CAPE CORAL FL

Zip Code

33904

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]

03/25/02

DATE

9. Capital Contributions

\$400,000.00

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

**SCHAEFFNER, DIETER
MUHLBERG STRASSE 19
HORB, GERMANY 72160**

STREET ADDRESS
CITY-ST-ZIP

**400005236284--1
-04/10/02--01074--009
****526.25 ****526.25**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/14/2002

[Signature]

Date

Daytime Phone #

0014567 AT

CR2E003 (9/01)

STAPLE CHECK HERE