

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001542

1. Entity Name

DALE H. PARSONS FAMILY LIMITED PARTNERSHIP

FILED

02 MAY 16 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

220 E. MONUMENT AVENUE, SUITE B
KISSIMMEE FL 34741

Mailing Address

220 E. MONUMENT AVENUE, SUITE B
KISSIMMEE FL 34741



2. Principal Place of Business

3. Mailing Address

8 BROADWAY

8 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 218

SUITE 218

City & State

City & State

KISSIMMEE, FL

KISSIMMEE, FL

Zip

Country

Zip

Country

34741

34741

DUE BY MAY 1, 2002

4. FEI Number

59-3684081

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

PARSONS, DALE H

220 E. MONUMENT AVENUE, SUITE B

KISSIMMEE FL 34741

Name

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

8 BROADWAY, SUITE 218

City

KISSIMMEE

FL

Zip Code

34741

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.

APRIL 19, 2002

DATE

9. Capital Contributions as Shown on record.

\$55,054.00

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
PARSONS, DALE H
220 E. MONUMENT AVENUE, SUITE B
KISSIMMEE FL 34741

STREET ADDRESS
CITY-ST-ZIP
8 BROADWAY, SUITE 218
KISSIMMEE, FL 34741

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STREET ADDRESS
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****473.75 ****473.75

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APRIL 19, 2002

Date

Daytime Phone #