

# 2002 UNIFORM BUSINESS REPORT (UBR)


0009294 AT

**DOCUMENT #** A00000001720

**1. Entity Name**  
R.W. SVETLIK FAMILY LIMITED PARTNERSHIP

<b>Principal Place of Business</b> 822 TERRY LANE KEY WEST FL 33040	<b>Mailing Address</b> P.O. BOX 4464 KEY WEST FL 33041
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FILED 1125878  
02 APR 23 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2002**

<b>4. FEI Number</b>	<b>APPLIED FOR</b>	Applied For
		Not Applicable

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

**6. Name and Address of Current Registered Agent**

SVETLIK, ROBERT WAYNE  
822 TERRY LANE  
KEY WEST FL 33040

**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.

<b>9. Capital Contributions</b> as Shown on record. <b>\$565,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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**

DOCUMENT #	SVETLIK, ROBERT WAYNE
NAME	822 TERRY LANE
STREET ADDRESS	KEY WEST FL 33040
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	300005361493--6
CITY-ST-ZIP	-04/29/02--01008--022
STREET ADDRESS	*****526.25 *****526.25
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:** *Robert W. Svetlik* **4-16-'02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)