

2002 UNIFORM BUSINESS REPORT (UBR)

0012844
AT

DOCUMENT # A00000001867

1. Entity Name

THE NEWMAN FAMILY PROPERTIES, LTD.

FILED

02 FEB -1 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ROBBIE L. NEWMAN
3129 SYDNEY DOVER ROAD
DOVER FL 33527

Mailing Address

C/O ROBBIE L. NEWMAN
P.O. BOX 1380
DOVER FL 33527



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3691728

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, ROBBIE L
3129 SYDNEY DOVER ROAD
DOVER FL 33527

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.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

No activity

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
NEWMAN, ROBBIE L TRUSTEE
P.O. BOX 1380
DOVER FL 3527

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
NEWMAN, GENE E TRUSTEE
P.O. BOX 1380
DOVER FL 3527

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

ROBBIE L. NEWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-02 F13-658-1532

Date

Daytime Phone #

CR2E003 (9/01)