

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020359 AB

FILED  
02 MAR 19 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001955

1. Entity Name

THE CURTIS-SCHERER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

MARRIOTT GRANDE VISTA  
11501 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address

1511 MESA RIDGE LANE  
AUSTIN TX 78735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

74-2944678

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, PAUL C  
14530 SW 35TH TERR RD  
OCALA FL 34473-2418

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 PAUL C. PARSONS

3-16-02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$17,500.00

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  
CURTIS, WILLIAM H  
1511 MESA RIDGE LANE  
AUSTIN TX 78735

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CURTIS, MARGARETHA  
1511 MESA RIDGE LANE  
AUSTIN TX 78735

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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:

William H. Parsons  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

03/13/02 5123284003

CR2E003 (9/01)

STAPLE CHECK HERE