

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. A00000002063

1. Entity Name,

LENNON/CRUISE FAMILY PARTNERSHIP, LTD.

FILED

01 MAY -3 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Route 2, Box 481  
Lake Butler, FL 32054

Route 2, Box 481  
~~XXXXXXXXXX XXXX XXXX~~  
Lake Butler, FL 32054

2. Principal Place of Business

3. Mailing Address  
P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville, FL

4. FEI Number  
59-3688046

Applied For

Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Schneider, Michael N.  
5150 Belfort Road  
Building 100  
Jacksonville, FL 32256

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

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 # P00000115535  
NAME Lennon/Cruise Investments, Inc.  
STREET ADDRESS Route 2, Box 481  
CITY-ST-ZIP Lake Butler, FL 32054

STREET ADDRESS

CITY-ST-ZIP

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-05/30/01--01082--003  
\*\*\*\*526.25 \*\*\*\*526.25

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 J. Lennon, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/2001  
Date

Daytime Phone #

CR2E003 (1/100)