

2002 UNIFORM BUSINESS REPORT (UBR)

0014713 AT

DOCUMENT # A01000000793

1. Entity Name

WOODWARD FAMILY INVESTMENT PARTNERSHIP, LLLP

FILED

2002 FEB 26 AM 10:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FT. MYERS FL 33919

Mailing Address

1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1143390

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

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FT. MYERS FL 33919

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.

\$1,200,000.00

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
WOODWARD, CHARLENE TRUSTEE
8200 ARBORFIELD COURT
FT. MYERS FL 33912

STREET ADDRESS

CITY-ST-ZIP

800005041478--0

-03/04/02--01088--014

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WOODWARD, JAMES R TRUSTEE
8200 ARBORFIELD COURT
FT. MYERS FL 33912

STREET ADDRESS

CITY-ST-ZIP

800005041478--0

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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: James R. Woodward

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-14-02

Date

941 768 0169

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE