

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001731 AB

DOCUMENT # A01000000808

1. Entity Name

FAMILY TREE FUND, LTD.

FILED

02 NOV 15 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1835 SPICEBERRY CIRCLE WEST  
JACKSONVILLE FL 32246

Mailing Address

1835 SPICEBERRY CIRCLE WEST  
JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

59-3724832

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

TODD, CHRISTOPHER M

1835 SPICEBERRY CIRCLE WEST  
JACKSONVILLE FL 32246

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10,000

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  
TODD, CHRISTOPHER M  
1835 SPICEBERRY CIRCLE WEST  
JACKSONVILLE FL 32246

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400009020944

11/15/02--01045--003 \*\*628.75

400009020944

11/15/02--01045--004 \*\*8.75

PF \$500.00

FF \$158.75

CES 8.75

CR2E003 (4/02)

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:

*Christopher M Todd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*11/15/02*

Date

904 355 5014

Daytime Phone #