

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000911**

1. Entity Name

**JANICE POLLIO FAMILY PARTNERSHIP, LTD.**

FILED

02 FEB 28 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**242 NEWPORT DRIVE  
NAPLES FL 34114**

Mailing Address

**C/O LINDA L SNELLING, ESQ.  
165 EAST BOCA RATON ROAD  
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address **c/o Linda L. Snelling, Esq.  
301 Yamato Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 4150**

**DUE BY MAY 1, 2002**

City & State

City & State  
**Boca Raton, Florida**

4. FEI Number

**65-1126879**

Applied For

Not Applicable

Zip

Country

Zip  
**33431**

Country

**Palm Beach**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SNELLING, LINDA L ESQ.  
THE LAW OFFICE OF LINDA L. SNELLING, P.A.  
165 EAST BOCA RATON ROAD  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name  
**Linda L. Snelling, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 Yamato Road  
Suite 4150**  
City  
**Boca Raton** **FL** Zip Code  
**33431**

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

*Linda L. Snelling*

1-30-02

DATE

9. Capital Contributions as Shown on record.

**\$1,980,000.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**POLLIO, JANICE TRUSTEE  
242 NEWPORT DRIVE  
NAPLES FL 33114**

13. ADDRESS CHANGES ONLY

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

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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NAME  
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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:

*Janice Pollio*

1-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE