

# **LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN -7 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001673

1. Entity Name

CLOSSHEY FAMILY LIMITED PARTNERSHIP

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2111 N. Golfview Dr.

Suite, Apt. #, etc.

3. Mailing Address

2111 N. Golfview Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-3220348

Applied For

Not Applicable

Zip

Country

33567

Zip

Country

33567

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles P. Closshey

Street Address (P.O. Box Number is Not Acceptable)

2111 N. Golfview Dr.

City

Plant City

FL

Zip Code

33567

**DO NOT WRITE  
IN THIS SPACE**

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.

2,125,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

2,774,201

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 #

Closshey Enterprises, Inc.

2111 N. Golfview Dr.

Plant City, FL 33567

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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\$526.25  
FF

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:

4-18-02

CR2E003B (12/01)