

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000198

1. Entity Name

Tyson Limited Partnership



FILED

03 MAR 20 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7101 Capri Lane

3. Mailing Address

P.O. Box 420

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Pineland, FL

City & State

Pineland, FL

4. FEI Number

04-3597110

Applied For

Not Applicable

Zip

33945

Country

Lee

Zip

33945

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Noel Andress

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

7101 Capri Lane

P.O. Box 420

City

Pineland, FL

FL

Zip Code

33945

**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. 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.

\$765,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$765,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # A02000000198
NAME Noel Andress
STREET ADDRESS 7101 Capri Ln, P.O. Box 420
CITY-ST-ZIP Pineland, FL 33945

STREET ADDRESS

900014385319

CITY-ST-ZIP

03/20/03--01004--018 **526.25

DOCUMENT # A02000000198
NAME C. John Kronberg
STREET ADDRESS 2096 Macadamia St
CITY-ST-ZIP St. James City, FL 33956

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
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: Noel Andress Noel Andress

3/12/03 (239)283-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)

PLEASE CHECK HERE