

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

DOCUMENT # A02000001605

1. Entity Name

SEATS FAMILY PARTNERSHIP, LTD.



FILED

03 JUN 17 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2809 Tropic Court

3. Mailing Address  
2809 Tropic Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

US

Zip

34787

Country

US

4. FEI Number

01-0757142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John H. Seats

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

2809 Tropic Court

City

Winter Garden

**FL**

Zip Code  
34787

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

*John H. Seats*

John H. Seats

4/23/03

DATE

9. Capital Contributions

as Shown on record. \$30,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$30,000.00

**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 # A02000001605  
NAME John H. Seats  
STREET ADDRESS 2809 Tropic Court  
CITY-ST-ZIP Winter Garden, FL 34787

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # A02000001605  
NAME Doreen C. Seats  
STREET ADDRESS 2809 Tropic Court  
CITY-ST-ZIP Winter Garden, FL 34787

STREET ADDRESS

CITY-ST-ZIP

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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:

*John H. Seats*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John H. Seats

4/23/03

407-654-4333

Date

Daytime Phone #

CR2E003B (12/02)