

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002097 AB

DOCUMENT # **A04074**

1. Entity Name

**T P R ASSOCIATES, LTD.**

Principal Place of Business

Mailing Address

**4501 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103**

**4501 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103**

**FILED**

**2002 SEP -6 AM 9:02**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **36-6578367**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NAPLES-LAWDOCK, INC.**

**4501 TAMiami TRAIL NORTH, SUITE 300**

**NAPLES FL 34103**

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.

**\$224,999.99**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P20829**  
NAME **THE LEIDER HORTICULTURAL COMPANIES, INC.**  
STREET ADDRESS **4501 TAMiami TRAIL NORTH, SUITE 300**  
CITY-ST-ZIP **NAPLES FL 34103**

STREET ADDRESS

CITY-ST-ZIP

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**400007569044-2**  
**-09/06/02--01048--009**  
**\*\*\*\*926.25 \*\*\*\*926.25**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**7-29-02 847634-4060**

CR2E003 (4/02)



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

**Q & B Petersen**

**AUG 15 2002**

**Naples**

August 12, 2002

T P R ASSOCIATES, LTD.  
4501 TAMIAMI TRAIL NORTH, SUITE 300  
NAPLES, FL 34103

SUBJECT: T P R ASSOCIATES, LTD.  
Ref. Number: A04074

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for T P R ASSOCIATES, LTD. and your check(s) totaling \$926.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records reflect a general partner listed on your annual report/uniform business report form was administratively dissolved or its certificate of authority was revoked by this office. Because section 620.177, F.S., requires all non-individual general partners to be active on our records, the general partner must be reinstated before we can process your limited partnership annual report/uniform business report form. Enclosed please find the appropriate form and instructions to reinstate the general partner. Please note the fees to reinstate the general partner total \$.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 902A00047770