

2001 UNIFORM BUSINESS REPORT (UBR)

0003129 AF

DOCUMENT # **A21726**

1. Entity Name

KEY WEST HAND PRINT FABRICS, LTD.

Principal Place of Business
**201 FRONT STREET, SUITE 310
KEY WEST FL 33040**

Mailing Address
**201 FRONT STREET, SUITE 310
KEY WEST FL 33040**

FILED

01 MAY -1 PM 12:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2593085**

Applied For

Not Applicable

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

**MOSHER, GERALD R.
201 FRONT STREET, SUITE 310
KEY WEST FL 33040**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$216,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **SWIFT, EDWIN O., III**
STREET ADDRESS **201 FRONT STREET, SUITE 310**
CITY-ST-ZIP **KEY WEST FL 33040**

STREET ADDRESS

CITY-ST-ZIP

800004220608-8
-05/16/01--01109--003
*******526.25 *****526.25**

DOCUMENT #
NAME **BELLAND, CHRISTOPHER C.**
STREET ADDRESS **201 FRONT STREET, SUITE 310**
CITY-ST-ZIP **KEY WEST FL 33040**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **MOSHER, GERALD R.**
STREET ADDRESS **201 FRONT STREET, SUITE 310**
CITY-ST-ZIP **KEY WEST FL 33040**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **CURRY, GREGORY**
STREET ADDRESS **1201 19TH TERR**
CITY-ST-ZIP **KEY WEST FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Edwin O. Swift, III (GP) 4/23/01 305-296-3609

Date

Daytime Phone #

CR2E003 (11/00)