

2002 UNIFORM BUSINESS REPORT (UBR)

0009244 AT

DOCUMENT # **A21726**

1. Entity Name

KEY WEST HAND PRINT FABRICS, LTD.

FILED

02 MAR 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



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

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

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
EDWIN O. SWIFT, III
Street Address (P.O. Box Number is Not Acceptable)
201 FRONT STREET SUITE 224
City **KEY WEST** **FL** Zip Code **33040**

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 **3-15-02**
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 **201 FRONT STREET SUITE 224**
CITY-ST-ZIP

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

STREET ADDRESS **201 FRONT STREET, SUITE 224**
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 **KEY WEST, FL 33040**

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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

3-15-02

Date

(305) 296-3609

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE