

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25033**

1. Entity Name

KARVE FAMILY LTD. PARTNERSHIP

FILED

00 MAY 15 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2091, S.W. 55th St Rd
OCALA, FL, 34474**

2. Principal Place of Business

2091 S.W. 55th St Rd

3. Mailing Address

2091 S.W. 55th St Rd

Suite, Apt. #, etc.

OCALA, FL

Suite, Apt. #, etc.

City & State

City & State

OCALA, FL

4. FEI Number

59-2820268

Applied For

Not Applicable

Zip

34474

Country

U.S.A

Zip

34474

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

N.R. KARVE

2091, S.W. 55th St Rd

OCALA, FL, 34474

7. Name and Address of New Registered Agent

Name

N.R. KARVE

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

2091, S.W. 55th St Rd

City

OCALA

FL

Zip Code

34474

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

N.R. KARVE

N.R. Karve

4/10/2000

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.

361,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

590,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

Nandkumar R. KARVE

2091 S.W. 55th St Rd

OCALA, FL, 34474

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600003251806--4

-05/15/00--01015--012

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

PRITI N. KARVE

2091, S.W. 55th St Rd

OCALA, FL, 34474

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:

N.R. KARVE

N.R. Karve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2000

DATE

352-237-3084

DAYTIME PHONE #

CP25003 (9/00)