

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28671**

1. Entity Name

SAGA FOODS, LIMITED PARTNERSHIP

FILED

Principal Place of Business

**103 S. SEMINOLE AVE.
MINNEOLA FL 34755**

Mailing Address

**P.O. BOX 121307
CLERMONT FL 34712**

**01 MAY -2 AM 11:58
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

58-1848605

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

**SCHWAB, HARRY
103 S. SEMINOLE AVE.
MINNEOLA FL 34755**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200.00

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 # **P25254**
NAME **SAGA ENTERPRISES, INC.**
STREET ADDRESS **103 S. SEMINOLE AVE.**
CITY-ST-ZIP **MINNEOLA FL 34755**

STREET ADDRESS

CITY-ST-ZIP

500004302315-4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (11/00)

SIGNATURE:

Signature and Typed or Printed Name of Signing General Partner

Date

Daytime Phone #

4/30/01

352-394-4664