

2002 UNIFORM BUSINESS REPORT (UBR)

0008607 AT

DOCUMENT # A29662

1. Entity Name
THE ROBERT E. LAWLER FAMILY LIMITED PARTNERSHIP

FILED
02 JAN 14 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **875 INDIAN RIVER DRIVE COCOA FL 32922**

Mailing Address: **875 INDIAN RIVER DRIVE COCOA FL 32922**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **59-2989522**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAWLER, LAVONA S.
875 INDIAN RIVER DRIVE
COCOA FL 32922**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record: **\$39,200.00**

10. Amount of Capital Contributions in FLORIDA to date: **11,000**

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 #	LAWLER, ROBERT E. 875 INDIAN RIVER DRIVE COCOA FL	STREET ADDRESS	200004778962--1 -01/16/02--01084--004 ****165.75 ****165.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	LAWLER, LAVONA E. 875 INDIAN RIVER DRIVE COCOA FL	STREET ADDRESS	
NAME		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: *Robert E. Lawler* **1/14/02** **321-636-0459**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)