

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007907 AT

**DOCUMENT # A30287**

1. Entity Name  
**ROSIER LIMITED PARTNERSHIP**

**FILED**  
**02 JUN 18 PM 3:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>C/O STANLEY B. ROSIER P.O. BOX 606 SANFORD FL 32771</b>	Mailing Address <b>C/O STANLEY B. ROSIER P.O. BOX 606 SANFORD FL 32771</b>
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2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

**DUE BY MAY 1, 2002**

4. FEI Number **59-3039604**      Applied For  
Not Applicable

Zip      Country      Zip      Country      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

**ROSIER, STANLEY B  
111 NORTH FRENCH AVENUE  
SANFORD FL 32771**

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. **\$410,000.00**      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 #	<b>ROSIER, STANLEY B 111 NORTH FRENCH AVE. SANFORD FL</b>	STREET ADDRESS	<b>600005890486--7 -06/20/02--01068--016 ****535.00 ****535.00</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:** *Stanley B Rosier*  
**Stanley B Rosier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

800 221 4337  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)