

2001 UNIFORM BUSINESS REPORT (UBR)

0013841 AF

DOCUMENT # **A30297**

1. Entity Name

THE CHARLES R. LEE III FIRST FAMILY LIMITED PART

FILED

01 FEB -1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

18105 WOODCREEK PL
LUTZ FL 33549

Mailing Address

18105 WOODCREEK PL
LUTZ FL 33549

2. Principal Place of Business

4664 BERWYN CT.
Suite, Apt. #, etc.

3. Mailing Address

4664 BERWYN CT.
Suite, Apt. #, etc.

City & State

Palm HARBOR FL.

City & State

Palm HARBOR, FL.

4. FEI Number

65-0202404

Applied For

Not Applicable

Zip

34685-2619

Country

U.S.A.

Zip

34685-2619

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

CHARLES R. LEE III
18105 WOODCREEK PL
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

4664 BERWYN CT.

City

Palm HARBOR

FL

Zip Code

34685-2619

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]

CHARLES R. LEE III GENERAL PARTNER

1-30-01

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.

\$472,750.00

10. Amount of Capital Contributions in FLORIDA to date.

\$472,750.00

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 LEE, CHARLES R., III
STREET ADDRESS 18105 WOODCREEK PL
CITY-ST-ZIP LUTZ FL 33549

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

4664 BERWYN CT.

CITY-ST-ZIP

Palm HARBOR, FL. 34685-2619

STREET ADDRESS

CITY-ST-ZIP

4000003654424--1

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHARLES R. LEE III

1-30-01

Date

(727) 934-2258

Daytime Phone #

CR2E003 (11/00)