

# 2002 UNIFORM BUSINESS REPORT (UBR)

002184 SP

DOCUMENT # **A31669**

1. Entity Name

**FUTURE PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 4 PM 4:00

Principal Place of Business

**2700 BAYSHORE BLVD., UNITE 519  
DUNEDIN FL 34698**

Mailing Address

**2700 BAYSHORE BLVD., UNITE 519  
DUNEDIN FL 34698**



2. Principal Place of Business

**514 Walden Court**

3. Mailing Address

**514 Walden Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

**Dunedin, FL**

City & State

**Dunedin, FL**

4. FEI Number

**59-3072124**

Applied For

Not Applicable

Zip

**34698**

Country

Zip

**34698**

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KEUROGHIAN, GREGORY H  
2700 BAYSHORE BLVD., UNITE 519  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

**"same"**

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

**514 Walden Court**

City

**Dunedin**

**FL**

Zip Code  
**34698**

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

*Gregory H. Keuroghian*

*4/1/2002*

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

DATE

9. Capital Contributions  
as Shown on record.

**\$75,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**ZERO**

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  
**KEUROGHIAN, GREGORY H  
2700 BAYSHORE BL, #519  
DUNEDIN FL 34698**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**514 Walden Court  
Dunedin, FL 34698**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**AL 11  
000005235840-5  
-04/10/02--01063--005  
\*\*\*\*150.00 \*\*\*\*150.00**

DOCUMENT #  
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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:

*Gregory H. Keuroghian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/1/2002*  
Date

**(727) 736-1123**  
Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE