948-4111 Daytime Phone #

STAPLE CHECK HERE

DOCU  1. Entity Nam	MENT #	A3226	U	FILED						
GERACI FAMILY ASSOCIATES, LTD.						02 M/	AR -6 PM 3:4	3		
Principal Place of Business Mailing Address 2702 WILSON CIRCLE LUTZ FL 33549-4975 LUTZ FL 33549-4975						SECR TALLA	ETARY OF STAT HASSEE, FLORI	DA	MJK	
2. Principal Place of Business			3. Mailing Address					Tti Midit dinfi afalf f	itii Aifii iasi	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002				
City & State			City & State			4. FEI Number	59-3100757	<del></del>	plied For t Applicable	
Zip Country 3548-4975		ountry	Zip 33548-4975			5. Certificate of Status Desired   \$8.75 Additional Fee Required		litional		
	6. Name and	Address of Current	Registered Agent	_		7. Name and Ad	ddress of New Register	ed Agent		
N CEDA		_	- · ·		Name*					
N. GERACI & CO., INC. 2702 WILSON CIRCLE					Street Addres	s (P.O. Box Number i	s Not Acceptable)			
LUIZ FL	LUTZ FL 33549-4975				City			=L 3 <sup>Zip</sup> ,C948	-4975	
8. The above	named entity sub	omits this statement for	the purpose of changing its	register	ed office or regis	stered agent or both		<u> </u>	, 13,73	
	, , , , , , , , , , , , , , , , , , , ,					,,	•••		J	
SIGNATURE .	Signature, typed or prin	nted name of registered agent a	and title if applicable.				DAT	řE	<del></del> -	
9. Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date.					butions \$8	,700.00	11. MAKE CHECK PAYA SEE REVERSE SIDE			
			HAT IS A BUSINESS EN				TIVE WITH THIS OFF	FICE.		
12.	NOTE: GE	GENERAL PARTNER	Y NOT be changed on the INFORMATION	13.	ı; an amenon	lent must be med	ADDRESS CHANGES	<u> </u>	{	
DOCUMENT #	T# J01660				EET ADDRESS					
IAME N. GERACI & CO., INC. STREET ADDRESS STY-ST-ZIP LUTZ FL 33549-4975					-ST-ZIP		······································	33548-49		
DOCUMENT #	20121200	10 10/0		STRI	ET ADDRESS			13340-43	775	
NAME STREET ADDRESS CITY-ST-ZIP	REET ADDRESS				-ST-ZIP	——— <del>50</del> 1	-5000050989453 -03/13/0201022003 ****149.65 ****149.65			
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
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DOCUMENT A				STR	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP					
14. I hereby of indicated the receiv	certify that the info on this report is t ver or trustee em	ormation supplied with rue and accurate and wered to execute this	this filing does not qualify for that my signature shall have to s report as required by Chapt R	oy I	N. Gerad	ci, Jr., V	ice-Pres.	Ω1	ſ	
SIGNAT	TURE!	M	len	N.	. Geraci	& Co., I	nc. $2/20/0$		4111	