

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32767**

1. Entity Name

THE NAGDA FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**150 SOUTHEAST 17TH STREET, #400
OCALA FL 34471**

Mailing Address

**150 SOUTHEAST 17TH STREET, #400
OCALA FL 34471**

FILED

02 MAY 15 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3112980

Applied For

Not Applicable

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

NAGDA, RASIKLAL D.

150 SOUTHEAST 17TH STREET, #400

OCALA FL 34471

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 *Harshada R. Nagda* **HARSHADA R. NAGDA**

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

DATE

2/28/02

9. Capital Contributions
as Shown on record.

379,449.00

10. Amount of Capital Contributions
in FLORIDA to date.

379,449.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	NAGDA, RASIKLAL D.
STREET ADDRESS	439 S.W. 48TH STREET
CITY-ST-ZIP	OCALA FL 34474
DOCUMENT #	
NAME	NAGDA, HARSHADA R.
STREET ADDRESS	439 S.W. 48TH STREET
CITY-ST-ZIP	OCALA FL 34474
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500005254105--4
CITY-ST-ZIP	04211202--01053--012
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	FF \$ 526.25
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 *Harshada R. Nagda* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/02 (352) 622-9220

Date Daytime Phone #

CR2E003 (9/01)

0015804 AT