

2002 UNIFORM BUSINESS REPORT (UBR)

0014206 AT

DOCUMENT # **A33557**

1. Entity Name

CRL FAMILY PARTNERSHIP, LTD.

FILED

2002 APR 29 AM 10:31

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business
**5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781**

Mailing Address
**5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3152249**

Applied For
Not Applicable

Zip

Country
USA

Zip

Country
USA

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

**LANE, CAROL R
5700 70TH AVENUE NORTH
PINELLAS PARK FL 33781**

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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

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 STREET ADDRESS CITY-ST-ZIP	V71988 CRL CORP. 5700 70TH AVE. NORTH PINELLAS PARK FL 33781
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STREET ADDRESS	400005503544-4
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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: *Carol R. Lane* **REQUIRED** *Carol R. Lane* **4/17/02** **727-545-9555**
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE