

2001 UNIFORM BUSINESS REPORT (UBR)

0014073 AF

DOCUMENT # **A33558**

1. Entity Name

MARGIE RG FAMILY PARTNERSHIP, LTD.

FILED

Principal Place of Business

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

Mailing Address

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3151998

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, MARGIE 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

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.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

none

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 # **V71991**
NAME **MARGIE RG CORP.**
STREET ADDRESS **5700 70TH AVENUE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

STREET ADDRESS

500003576145--6

CITY-ST-ZIP

-01/26/01--01039--002

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Margie R. Green
Margie R. Green

1/16/01
Date

727-545-9555
Daytime Phone #

CR2E003 (1/1/00)