

2002 UNIFORM BUSINESS REPORT (UBR)

1062
0003148 AB

DOCUMENT # A92000000050

1. Entity Name

TREY BARLOW FAMILY LIMITED PARTNERSHIP

FILED

02 SEP 12 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

MR. TREY BARLOW

MR. TREY BARLOW

P.O. BOX 841

P.O. BOX 841

LAFAYETTE CO 80026

LAFAYETTE CO 80026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3150542

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LESTER, BELFORD S III
175 LOOKOUT PLACE
SUITE 200
MAITLAND FL 32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$745,718.00

10. Amount of Capital Contributions in FLORIDA to date.

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 BARLOW, TREY
STREET ADDRESS P.O. BOX 841
CITY-ST-ZIP LAFAYETTE CO 80026

STREET ADDRESS

CITY-ST-ZIP

100007986441--B
-09/24/02--01044--011
***\$26.25 ***\$26.25

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-9-02

Date

303/645-4673

Daytime Phone #

CR2E003 (4/02)

2062

FILED
02 SEP 12
TALLAHASSEE, FL
STATE OF FLORIDA

A 92000000050

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Sept. 9, 2002

To Whom It May Concern:

In speaking with one of your representatives this morning, I was told that the enclosed form is a second notice. I was not aware of this, as I did not receive a first notice.

Your representative advised me that this letter of explanation would waive any late fees. Enclosed please find check #2199 in the amount of \$526.25. Please credit this amount to my account or to FEI 59-3150542.

Sincerely,

Trey Barlow

Trey Barlow

BK