

2002 UNIFORM BUSINESS REPORT (UBR)

MAY 10 11

DOCUMENT # A93000000059

1. Entity Name

FLORIDA CONVENIENCE PARTNERS, LTD.

FILED

02 MAY -1 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1836 WOODWARD ST.
ORLANDO FL 32803

Mailing Address

1836 WOODWARD ST.
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2946820

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

**DETWEILER, MARLIN
1836 WOODWARD ST.
ORLANDO FL 32803**

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.

DATE

9. Capital Contributions as Shown on record.

\$440,000.00

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 # **H38554**
NAME **THE DETWEILER COMPANY**
STREET ADDRESS **1500 LEE ROAD, STE. 109**
CITY-ST-ZIP **ORLANDO FL 32810**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **DAVIDUK, RICHARD**
STREET ADDRESS **400 WILD OAK CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32779**

STREET ADDRESS **5316 Shoreline Circle**
CITY-ST-ZIP **Sanford, FL 32771**

DOCUMENT # **K24724**
NAME **STRANG BACHMAN AND COMPANY**
STREET ADDRESS **200 AVE. B, N.W.**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

STREET ADDRESS
CITY-ST-ZIP

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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: **Richard Daviduke**

Date **4/23/02** Daytime Phone # **407 810 2525**

CR2E003 (9/01)