

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000132

1. Entity Name

TRI-STAR PARTNERSHIP, A LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2699 LEE ROAD, #430  
WINTER PARK FL 32789

2699 LEE ROAD, #430  
WINTER PARK FL 32789

2. Principal Place of Business

300 LONG SHOALS RD

3. Mailing Address

300 LONG SHOALS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8-V

8-V

City & State

ARDEN, NC

City & State

ARDEN, NC

Zip

28704

Country

USA

Zip

28704

Country

USA

APPROVED  
AND  
FILED

02 APR -3 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

593120536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUNDQUIST, SANDRA L  
2699 LEE ROAD, #430  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name  
SHIRLEY A. LOGAN

Street Address (P.O. Box Number is Not Acceptable)

6465-C YELVINGTON RD.

City

EAST PALATKA

FL

Zip Code  
32131-9801

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.

3-27-02

DATE

9. Capital Contributions

\$400,221.58

as shown on record.

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR EEE 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

LUNDQUIST, SANDRA L  
2699 LEE ROAD, #430  
WINTER PARK FL 32789

STREET ADDRESS

300 LONG SHOALS RD. 8-V

CITY-ST-ZIP

ARDEN, NC 28704-7722

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

900005236279-6  
-04/10/02-01074-008

\*\*\*\*\*526.25 \*\*\*\*\*526.25

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Sandra Lundquist*, Gen. Pts

3-20-02 (828)181-0675

Date

Daytime Phone #

CR2E003 (9/01)