

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000167 AV

DOCUMENT # A93000000132

1. Entity Name
TRI-STAR PARTNERSHIP, A LIMITED PARTNERSHIP

Principal Place of Business: **2699 LEE ROAD, #430 WINTER PARK FL 32789**

Mailing Address: **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.: **8-V**

City & State: **ARDEN, NC**

Zip: **28704** Country: **USA**

DUE BY MAY 1, 2002

4. FEI Number: **59-3120536**

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 WELINGTON 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: *Shirley A. Logan* DATE: **3-27-02**

9. Capital Contributions as Shown on record: **\$400,221.58**

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	
DOCUMENT #	
NAME	LUNDQUIST, SANDRA L
STREET ADDRESS	2699 LEE ROAD, #430
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300 LONG SHOALS RD. 8-V
CITY-ST-ZIP	ARDEN, NC 28704-7722
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900005236279--6
CITY-ST-ZIP	-04/10/02--01074--008
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 L. Lundquist, Gen. Ptn* DATE: **3-20-02** (828) 681-0675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)