

2001 UNIFORM BUSINESS REPORT (UBR)

0014218 AF

DOCUMENT # A93000000709

1. Entity Name

DALLAS FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business

862 CYPRESS LAKE CIRCLE
FT MYERS FL 33919

Mailing Address

862 CYPRESS LAKE CIRCLE
FT MYERS FL 33919

01 APR 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

13122 Langston Ct

3. Mailing Address

13122 Langston Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-0423734

Applied For

Not Applicable

Zip

33919

Country

Lee

Zip

33919

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROZINAK, WILLIAM E

862 CYPRESS LAKE CIRCLE

FT. MYERS FL 33919

7. Name and Address of New Registered Agent

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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

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

STREET ADDRESS

CITY-ST-ZIP

ROZINAK, WILLIAM E
862 CYPRESS LAKE CIR.
FT. MYERS FL 33919

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

CR2E003 (11/00)