

2002 UNIFORM BUSINESS REPORT (UBR)

0014712 AT

DOCUMENT # **A93000000709**

1. Entity Name

DALLAS FAMILY LIMITED PARTNERSHIP

FILED

02 MAY -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**13122 LANGTON CT.
FT MYERS FL 33919**

Mailing Address

**13122 LANGTON CT.
FT MYERS FL 33919**



2. Principal Place of Business

113 PINEBROOK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

113 PINEBROOK DR

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

FORT MYERS FL

Zip

Country

33907 LEE

City & State

FORT MYERS FL

Zip

Country

33907 LEE

4. FEI Number

65-0423734

Applied For

Not Applicable

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.

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
**113 PINEBROOK DR
FORT MYERS FL 33907**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)