

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000993**

1. Entity Name

**FRANK FAMILY LIMITED PARTNERSHIP**

**FILED**

**00 JAN 13 AM 11:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2595 STATE ROAD 584  
SUITE O  
PALM HARBOR FL 34684**

Mailing Address  
**2595 STATE ROAD 584  
SUITE O  
PALM HARBOR FL 34684-3132**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-3206105**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GASSMAN, ALAN S ESQ.  
1212 COURT STREET, SUITE B  
CLEARWATER FL 34616**

**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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$140,000.00**

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 #	NAME	STREET ADDRESS	
NAME	FRANK, MICHAEL O	CITY - ST - ZIP	
STREET ADDRESS	2595 STATE ROAD 584		
CITY - ST - ZIP	PALM HARBOR FL 34684		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FRANK, MAXINE D	CITY - ST - ZIP	
STREET ADDRESS	2595 STATE ROAD 584		
CITY - ST - ZIP	PALM HARBOR FL 34684		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/7/00 727 784 2925**

Date Daytime Phone #

CR2E003 (9/99)