

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016008 AT

DOCUMENT # **A93000000993**

1. Entity Name

**FRANK FAMILY LIMITED PARTNERSHIP**

FILED

02 JAN 14 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**

Principal Place of Business

**2595 STATE ROAD 584  
SUITE Q  
PALM HARBOR FL 34684**

Mailing Address

**2595 STATE ROAD 584  
SUITE Q  
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name **William E. Gottfried**

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

**1435 Gulf to Bay Blvd Suite C**

City **Clearwater**

**FL**

Zip Code **33755**

~~33755~~

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

*William E. Gottfried*

**William E. Gottfried**

**1-11-02**

DATE

9. Capital Contributions

**\$140,000.00**

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 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 **FRANK, MICHAEL O**  
STREET ADDRESS **2595 STATE ROAD 584**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **FRANK, MAXINE D**  
STREET ADDRESS **2595 STATE ROAD 584**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

STREET ADDRESS

CITY-ST-ZIP

**100004789181--6  
-01/22/02--01103--004**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

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

*Michael O. Frank*  
**Michael O. Frank**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-8-02**

Date

Daytime Phone #

**(727) 784 2995**

CR2E003 (9/01)