

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001456**

1. Entity Name

DEMETREE FAMILY PARTNERSHIP, LLLP

Principal Place of Business

**731 VASSAR STREET
ORLANDO FL 32804**

Mailing Address

**731 VASSAR STREET
ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

APPROVE
AND
FILED
02 APR 17 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-3224272

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

**DEMETREE, PAUL A
731 VASSAR STREET
ORLANDO FL 32804**

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.

\$283,860.00

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
CITY-ST-ZIP
**DEMETREE, PAUL A
2620 N. WESTMORLAND DRIVE
ORLANDO FL 32804**

STREET ADDRESS

CITY-ST-ZIP

**400005315604--4
-04/22/02--01126--021**

******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEMETREE, JOHN W
5857-A 21ST AVENUE WEST
BRADENTON FL 34209**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEMETREE-DASHER, FRANCES
14255 SUMMERLIN AVE.
ORLANDO FL 32806**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEMETREE-COWHERD, CECILIA
1227 NORTTINGHAM ST
ORLANDO FL 32803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEMETREE, ARTHUR J
316 PLANTATION CLUB DR.
DEBARY FL 32713**

STREET ADDRESS

CITY-ST-ZIP

**308 Fernhill Drive
DeBary, FL 32713**

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:

ARTHUR J. DEMETREE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-02 407-246-0393

Date

Daytime Phone #

CR2E003 (9/01)

0008251 AT