2001 UNIFORM BUSINESS REPORT (UBR)

0012635 AF

DOCUMENT # A94000000060

1. Entity Name

THE KOSIER FAMILY PARTNERSHIP, LTD.

FILED
Apr 03, 2001 8:00 A.M
Secretary of State

Principal Place of Business	Mailing Address
3644 DOUGLAS FERRY ROAD BONIFAY FL 32425	3644 DOUGLAS FERRY ROAD BONIFAY FL 32425

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3216053 — 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
KOSIER, LORIENE 3644 DOUGLAS FERRY ROAD BONIFAY FL 32425	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. $695,506.00	10. Amount of Capital Contributions in FLORIDA to date. $645,506	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	 KOSIER, MERRILL 3644 DOUGLAS FERRY ROAD BONIFAY FL 32425	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 KOSIER, LORIENE 3644 DOUGLAS FERRY ROAD BONIFAY FL 32425	STREET ADDRESS CITY-ST-ZIP	700003994207--6 -04/12/01--01061--024 ****526.25 ****526.25
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CR2E003 (11/00)

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 Loriene A. Kosier — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — LORIENE A KOSIER

1/21/01 — Date

(850) 549-9899 — Daytime Phone #