

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000592

1. Entity Name  
**CROUSE FAMILY LIMITED PARTNERSHIP**



FILED

03 APR -2 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
12475 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787-4118

Mailing Address  
12475 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787-4118

2. Principal Place of Business  
**924 Red Dandy Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**924 Red Dandy Dr.**  
Suite, Apt. #, etc.



DUE BY MAY 1, 2003

City & State  
**Orlando, FL**  
Zip **32818** Country **USA**

City & State  
**Orlando, FL**  
Zip **32818** Country **USA**

4. FEI Number  
**59-3240094**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PAPPAS, PETER C ESQ  
2225 E ROBINSON ST  
#540  
ORLANDO, FL 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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 **CROUSE, CARL**  
STREET ADDRESS **12475 W. COLONIAL DRIVE**  
CITY-ST-ZIP **WINTER GARDEN, FL 347874118**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **924 Red Dandy Dr**  
CITY-ST-ZIP **Orlando, FL 32818**

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**300015177103**  
**04/02/03-01054-013 \*\*150.00**

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: **Carl Crouse** **CARL CROUSE** **Mar 28-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

One

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE