

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000898**

1. Entity Name

**ALMA L. THOMPSON, FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**401 BLACKBURN BLVD  
NORTH PORT FL 34287**

Mailing Address

**401 BLACKBURN BLVD  
NORTH PORT FL 34287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0515914**

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

**THOMPSON, ALMA L  
401 BLACKBURN BLVD  
NORTH PORT FL 34287**

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 *Alma L. Thompson*  
Signature, typed or printed name of registered agent and title if applicable.

3-15-02  
DATE

9. Capital Contributions  
as Shown on record.

**\$162,353.16**

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  
**THOMPSON, ALMA L  
401 BLACKBURN BLVD  
NORTH PORT FL 34287**

STREET ADDRESS

CITY-ST-ZIP

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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

*Alma L. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-15-02  
Date

Daytime Phone #

FILED 26.25

02 MAR 21 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0015717 AT

CR2E003 (9/01)

STAPLE CHECK HERE