

2001 UNIFORM BUSINESS REPORT (UBR)

0002569 AF

DOCUMENT # A94000000901

1. Entity Name

WRIGHT FAMILY, LTD.

FILED

Principal Place of Business

6115 INDIAN MEADOW
ORLANDO FL 32819-4942

Mailing Address

6115 INDIAN MEADOW
ORLANDO FL 32819-4942

01 APR 23 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 Mayflower Ct.

Suite, Apt. #, etc.

#208A

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

1620 Mayflower Ct.

Suite, Apt. #, etc.

#208A

City & State

Winter Park, FL

Zip

32789

Country

USA

4. FEI Number

59-3256715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHESTER H
6115 INDIAN MEADOW
ORLANDO FL 32819-4942

7. Name and Address of New Registered Agent

Name

Wright, Chester H.

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

1620 Mayflower Ct.

#208A

City

Winter Park

FL

Zip Code

32789

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.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$00,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

WRIGHT, CHESTER H
6115 INDIAN MEADOW
ORLANDO FL 32819-4942

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

1620 Mayflower Ct #208A

CITY-ST-ZIP

Winter Park FL 32792

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Sharon W. Elmer daughter of Chester H. Wright

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

407-4-20-01 629-0012

CP2E003 (11/00)