

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000994

1. Entity Name

DE FUNIAK SQUARE PARTNERS, LTD.

Principal Place of Business

128 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

Mailing Address

POST OFFICE BOX 8  
VALPARAISO FL 32580

APPROVED  
AND  
FILED

02 APR 15 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3266085

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BYRNE, PATRICK E II  
128 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

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.

\$1,000.00

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 # 203359  
NAME VALPARAISO REALTY COMPANY  
STREET ADDRESS 128 JOHN SIMS PARKWAY  
CITY-ST-ZIP VALPARAISO FL 32580

STREET ADDRESS

CITY-ST-ZIP

400005308784--3

DOCUMENT #  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick E Byrne, II

3-13-02

860 678 7812

Date

Daytime Phone #

0007181  
AT

CR2E003 (9/01)