

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **A940000001083**

1. Entity Name

HAYNES FAMILY LTD

02 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9173 Bay Point Dr

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Orlando, Florida

City & State

FL

4. FEI Number

SS-3262103

Applied For

Not Applicable

Zip

32819

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Bruce G. Haynes

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

9173 Bay Point Dr

City

Orlando

FL

Zip Code

32819

**DO NOT WRITE
IN THIS SPACE**

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. **2,546,000**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

Bruce G. Haynes

9173 Bay Point Dr

Orlando, FL 32819

STREET ADDRESS

CITY - ST - ZIP

200005505862--10

-05/13/02--01045--010

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #

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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:

Bruce G. Haynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02 (407) 909 1975

Daytime Phone #

STAPLE CHECK HERE

CR2E0009 (12/01)