

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -6 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CU17994 AI

DOCUMENT # **A94000001106**

1. Entity Name

**ROBIN T. HOLLINGSWORTH FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

257 S.E. AVENUE E  
BELLE GLADE FL 33430

Mailing Address

P.O. BOX 1097  
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

*1014 N.E. 2nd Street*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

*Belle Glade Florida*

4. FEI Number

65-0509731

Applied For

Not Applicable

Zip

Country

Zip  
*33430*

Country

*USA*

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

**GANN, JAMES M.  
257 S.E. AVENUE E  
BELLE GLADE FL 33430**

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.

**\$309,826.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>HOLLINGSWORTH, ROBIN T</b>	<b>1014 N.E. 2ND STREET</b>	<b>BELLE GLADE FL 33430</b>

STREET ADDRESS	CITY-ST-ZIP
<b>500004918595--9</b>	<b>-02/13/02--01085--017</b>
<b>***526.25</b>	<b>***526.25</b>

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: *Robin T. Hollingsworth* **Robin T. Hollingsworth** 1/31/02 561-996-3395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)