

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001106

1. Entity Name

ROBIN T. HOLLINGSWORTH FAMILY LIMITED PARTNERSHI
P

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.

City & State

City & State

Belle Glade Florida

Zip

Country

33430

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0509731

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

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
HOLLINGSWORTH, ROBIN T
1014 N.E. 2ND STREET
BELLE GLADE FL 33430

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CITY-ST-ZIP

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STREET ADDRESS
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

Date

Daytime Phone #

CR2E003 (9/01)