

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0014223
AT

DOCUMENT # **A94000001198**

1. Entity Name

THE WETMORE FAMILY LIMITED PARTNERSHIP

02 APR 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**603 BARRY PLACE
INDIAN ROCKS BCH FL 34635-3106**

Mailing Address

**603 BARRY PLACE
INDIAN ROCKS BCH FL 34635-3106**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3264076

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WETMORE, DEE
603 BARRY PLACE
INDIAN ROCKS BCH FL 34635-3106**

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.

\$250,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	WETMORE, DEE 603 BARRY PLACE INDIAN ROCKS BEACH FL 34635	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	400005313274--8
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	-04/22/02--01063--020
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-02

CR2E003 (9/01)