

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001236**

1. Entity Name

THE SCHIFANELLA THIRD FAMILY LIMITED PARTNERSHIP

FILED

02 MAR 20 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1418 NORTH LANE AVE.
JACKSONVILLE FL 32254

Mailing Address

1418 NORTH LANE AVE.
JACKSONVILLE FL 32254

2. Principal Place of Business

5411 Ortega Boulevard

3. Mailing Address

5411 Ortega Boulevard

Suite, Apt. #, etc.
Ste. 7

Suite, Apt. #, etc.
Ste. 7

DUE BY MAY 1, 2002

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3263189

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIFANELLA, THOMAS V
1418 NORTH LANE AVENUE
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

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

5411 Ortega Boulevard, Ste 7

City

Jacksonville

FL

Zip Code

32210

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.

\$481,140.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCHIFANELLA, THOMAS V
1418 NORTH LANE AVE.
JACKSONVILLE FL 32254**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**5411 Ortega Boulevard, Ste 7
Jacksonville, FL 32210**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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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:

Thomas V Schifanella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/02 (904) 381-0662
Date Daytime Phone #

0006415 AT

CR2E003 (9/01)

STAPLE CHECK HERE