

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016463 AT

DOCUMENT # A95000000101

1. Entity Name
SESSIONS FAMILY LIMITED PARTNERSHIP



FILED

03 APR 16 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJ

Principal Place of Business
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744

Mailing Address
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

P.O. Box 420178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Zip

Country

Zip

Country

34742-0178

USA

4. FEI Number 59-3290365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SESSIONS, RAYMOND R JR.
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,597,299.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,538,047.69

11. MAKE CHECK PAYABLE TO FL. 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
CARROLL, FAYE C TRUSTEE
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SESSIONS, RAYMOND R JR.
625 LAKESHORE BLVD,
KISSIMMEE FL 34744

STREET ADDRESS

CITY-ST-ZIP

900016123749

04/16/03--01069--022 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SESSIONS, MARK C
1507 SUNSET POINTE PLACE
KISSIMMEE FL 34744

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Sessions
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2003

Date

407 9573647

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE