

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

DOCUMENT # **195000000279**

1. Entity Name

**FISCHER FAMILY OF CENTRAL FLORIDA, LTD.**

02 MAY 21 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

**MJM**

2. Principal Place of Business

**255 PRIMERA BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 160**

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State

**LAKE MARY, FL**

City & State

4. FEI Number

**59-330 1116**

Applied For

Not Applicable

Zip

**32746**

Country

**SEMINOLE**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**FISCHER, KENNETH M.**

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

**255 PRIMERA BLVD. STE 160**

City

**LAKE MARY**

**FL**

Zip Code

**32746**

**DO NOT WRITE  
IN THIS SPACE**

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.

**305,000.00**

10. Amount of Capital Contributions

in FLORIDA to date.

**305,000.00**

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

**KENNETH M. FISCHER TRUSTEE  
255 PRIMERA BLVD. STE 160  
LAKE MARY, FL 32746**

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

**KENNETH M. FISCHER**

**4-22-02**

**407-875-2120**

STAPLE CHECK HERE

CP2003E (12/01)