

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008973  
AT

DOCUMENT # **A95000000457**

1. Entity Name

**HRI FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**763 NORTH BEACH STREET  
ORMOND BEACH FL 32174**

Mailing Address

**763 NORTH BEACH STREET  
ORMOND BEACH FL 32174**

2. Principal Place of Business

**4182 SANDRA LANE**

3. Mailing Address

**4182 SANDRA LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

LF

02 APR 24 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DUE BY MAY 1, 2002**

City & State

**ORMOND BEACH, FL.**

City & State

**ORMOND BEACH, FL.**

4. FEI Number

**59-3305277**

Applied For

Not Applicable

Zip

Country

**32174-9335**

**USA**

Zip

Country

**32174-9335**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARREY, HOWARD**

**763 NORTH BEACH STREET  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

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

**4182 SANDRA LANE**

City

**ORMOND BEACH**

FL

Zip Code

**32174-9335**

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.

**04-18-02**

DATE

9. Capital Contributions as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**1000**

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 # **P95000023060**  
NAME **HRI FAMILY CORPORATION**  
STREET ADDRESS **763 NORTH BEACH STREET**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4182 SANDRA LANE**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174-9335**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

**04-18-02 386-677-1836**

Date Daytime Phone #

CR2E003 (9/01)