

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000634**

1. Entity Name

THE TYNGSBORO LIMITED PARTNERSHIP

Principal Place of Business

% ROBERT F. SPINDELL, DO
ROUTE 3, BOX 1185
MADISON FL 32340

Mailing Address

% ROBERT F. SPINDELL, DO
ROUTE 3, BOX 1185
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3355417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPINDELL, ROBERT F DO
ROUTE 3, BOX 1185
MADISON FL 32340**

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

\$865,800.00

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 **SPINDELL, ROBERT F DO**
STREET ADDRESS **ROUTE 3 BOX 1185**
CITY-ST-ZIP **MADISON FL 32340**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **GARAU, TAMSON CAPRA**
STREET ADDRESS **14 LAWDALE ROAD**
CITY-ST-ZIP **TYNGSBORO MA 01879**

STREET ADDRESS

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

Date

Daytime Phone #

APPROVE
AND
FILED

02 APR 22 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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