

2001 UNIFORM BUSINESS REPORT (UBR)

00098865 AF

DOCUMENT # **A95000000860**

1. Entity Name

FAMILY HOLDINGS LIMITED PARTNERSHIP

FILED

01 APR 20 PM 12:06

Principal Place of Business

**C/O FAMILY GP CORP. INC./ATTN: K.P. FOSTER
333 FALKENBURG ROAD NORTH, SUITE B-206
TAMPA FL 33619**

Mailing Address

**C/O FAMILY GP CORP. INC./ATTN: K.P. FOSTER
333 FALKENBURG ROAD NORTH, SUITE B-206
TAMPA FL 33619**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3317855

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSTER, KENNETH P

**333 FALKENBURG ROAD NORTH, SUITE B-206
TAMPA FL 33619**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$247,500.00

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 # **P95000043722**
NAME **FAMILY GP CORP. INC.**
STREET ADDRESS **333 FALKENBURG ROAD NORTH, SUITE B-206**
CITY-ST-ZIP **TAMPA FL 33619**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-16-01
Date

813-689-3775
Daytime Phone #

CR2E003 (11/00)