

2002 UNIFORM BUSINESS REPORT (UBR)

0013419 AT

DOCUMENT # A95000000860

1. Entity Name

FAMILY HOLDINGS LIMITED PARTNERSHIP

FILED

2002 APR 12 PM 4:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

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.

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

608005289716-6
-04/17/02--01054--010
****526.25 ****526.25

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

04-10-02

Date

813-689-3715

Daytime Phone #

CR2E003 (9/01)