

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007198 AT

DOCUMENT # **A95000001300**

1. Entity Name
FT/GAINESVILLE, LTD.

02 APR 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**116 SOUTHEAST FIRST STREET
GAINESVILLE FL 32601**

Mailing Address
**116 SOUTHEAST FIRST STREET
GAINESVILLE FL 32601**



2. Principal Place of Business
116 SE 1st Street

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Gainesville, FL

City & State

4. FEI Number
59-3340336

Applied For
Not Applicable

Zip
32601

Country
Alachua

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

**CAIN, PATRICK E
116 SOUTHEAST FIRST ST.
GAINESVILLE FL 32601**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$450,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **450,000**

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 STREET ADDRESS CITY-ST-ZIP	F95000004227 FT GAINESVILLE PARTNERS, INC. 116 SOUTHEAST FIRST STREET GAINESVILLE FL 32601	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500005451425--7 -05/03/02 01105-024 ****526.25 ****526.25
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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: **Patrick E. Cain** **4/20/02 (352) 375-7695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)