

2001 UNIFORM BUSINESS REPORT (UBR)

0001446 AF

DOCUMENT # A95000001504

1. Entity Name

H.T.K. FAMILY LIMITED PARTNERSHIP

FILED

01 MAR 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~2368 ALAQUA DRIVE~~
~~LONGWOOD FL 32770-0111~~

~~2368 ALAQUA DRIVE~~
~~LONGWOOD FL 32770-0111~~

2. Principal Place of Business

5253 VISTA CLUB RUN

3. Mailing Address

5253 VISTA CLUB RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

31-1452156

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, HARRY O

~~2368 ALAQUA DRIVE~~

~~LONGWOOD FL 32770-0111~~

7. Name and Address of New Registered Agent

Name

HOFFMAN, HARRY O.

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

5253 VISTA CLUB RUN

City

SANFORD, FL

FL

Zip Code

32771

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.

\$100.00 \$7,350.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.00

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 #

NAME

HOFFMAN, HARRY O

STREET ADDRESS

~~2368 ALAQUA DRIVE~~

CITY-ST-ZIP

~~LONGWOOD FL 32770-0111~~

DOCUMENT #

NAME

HOFFMAN, KATHLEEN A

STREET ADDRESS

~~2368 ALAQUA DRIVE~~

CITY-ST-ZIP

~~LONGWOOD FL 32770-0111~~

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5253 VISTA CLUB RUN

CITY-ST-ZIP

SANFORD, FL 32771

STREET ADDRESS

5253 VISTA CLUB RUN

CITY-ST-ZIP

SANFORD, FL 32771

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

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

HARRY O. HOFFMAN

3/20/2001

407-330-0417

Date

Daytime Phone #

CR2E003 (11/00)