

2002 UNIFORM BUSINESS REPORT (UBR)

0007905 AT

DOCUMENT # A95000001504

1. Entity Name

H.T.K. FAMILY LIMITED PARTNERSHIP

Principal Place of Business

5253 VISTA CLUB RUN
SANDFORD FL 32771

Mailing Address

5253 VISTA CLUB RUN
SANDFORD FL 32771

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -4



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

31-1452156

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

HOFFMAN, HARRY O
5253 VISTA CLUB RUN
SANDFORD FL 32771

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. \$100.00 \$7,950.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOFFMAN, HARRY O	5253 VISTA CLUB RUN	SANDFORD FL 32771
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HOFFMAN, KATHLEEN A	5253 VISTA CLUB RUN	SANDFORD FL 32771
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)