

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001567**

1. Entity Name

LORRAINE Y. WHITING LIMITED PARTNERSHIP

Principal Place of Business

**502 CEMETERY ROAD
GENEVA FL 32732**

Mailing Address

**P.O. BOX 155
GENEVA FL 32732**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3359679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITING, LORRAINE Y
502 CEMETERY ROAD
GENEVA FL 32732**

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.

\$1,148,000.00

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 #	WHITING, LORRAINE Y 502 CEMETERY ROAD GENEVA FL 32732
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900005327489--1
CITY-ST-ZIP	-04/23/02--01070--011
	****526.25 ****526.25
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 14, 2002

Date

467-349-5495

Daytime Phone #

APPROVED
AND
FILED

02 APR 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AT

CR2E003 (9/01)