

2002 UNIFORM BUSINESS REPORT (UBR)

0005850 AT

DOCUMENT # **A95000001971**

1. Entity Name
THE KIRKLAND FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -2 AM 8:31

5/17

Principal Place of Business
**4328 STATE ROAD 44
NEW SMYRNA BEACH FL 32168**

Mailing Address
**4328 STATE ROAD 44
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3363033**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRKLAND, ELMER R
4328 STATE ROAD 44
NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

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. **\$1,683,990.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,683,990.00**

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 # | KIRKLAND, ELMER R 4328 STATE ROAD 44 NEW SMYRNA BEACH FL 32168 | STREET ADDRESS | CITY-ST-ZIP | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | KIRKLAND, STELLA 4328 STATE ROAD 44 NEW SMYRNA BEACH FL 32168 | STREET ADDRESS | CITY-ST-ZIP | 100005577421-3 -05/21/02--01062--029 ****526.25 ****526.25 |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
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| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| NAME | | | | |
| STREET ADDRESS | | | | |

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: Elmer R. Kirkland, 4-27-02 (386) 428-9855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)