

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014976
AT

DOCUMENT # **A95000002024**

1. Entity Name

PRICE INVESTMENTS LIMITED PARTNERSHIP

02 APR -9 AM 10:46

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business

**8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

Mailing Address

**8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

36-4015094

Applied For

Not Applicable

Zip

Country

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

PRICE, HOMER

**8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

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.

\$363,600.00

10. Amount of Capital Contributions in FLORIDA to date.

202,514

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
**PRICE, HOMER L TRUSTEE
8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

STREET ADDRESS
CITY-ST-ZIP
**800005256358--4
-04/12/02--01017--016
*****526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRICE, SHIR LEE TRUSTEE
8430 ABBINGTON CIRCLE, UNIT C22
NAPLES FL 33963**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 of Homer L. Price
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FL 941-594-7238
3/29/02 IL 630-584-4993**

Date

Daytime Phone #

CR2E003 (9/01)