

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000081

1. Entity Name

PERRY FAMILY LIMITED PARTNERSHIP

FILED

02 JAN 25 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2500 N.E. 18TH TERRACE  
GAINESVILLE FL 32609

Mailing Address

2500 N.E. 18TH TERRACE  
GAINESVILLE FL 32609



2. Principal Place of Business

8200 NW 15TH PLACE

3. Mailing Address

8200 NW 15TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

4. FEI Number

59-3352793

Applied For

Not Applicable

Zip

32606

Country

ALACHUA

Zip

32606

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRY, CHARLES R  
2500 N.E. 18TH TERRACE  
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name

PERRY, CHARLES R.

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

8200 NW 15TH PLACE

City

GAINESVILLE, FLORIDA

FL

Zip Code

32606

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.

\$1,770,000.00

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

DOCUMENT # P96000002638  
NAME CNP, INC.  
STREET ADDRESS 2500 N.E. 18TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32609

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

8200 NW 15TH PLACE  
GAINESVILLE, FLORIDA 32606

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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-01/31/02--01034--011  
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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

JANUARY 16, 2002

352.331.4088

Date

Daytime Phone #

CR2E003 (9/01)