

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000181**

1. Entity Name

**CHARLES W. & JULIA T. CHERRY FAMILY LIMITED PART
NERSHIP**

FILED

02 FEB 18 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**427 S. DR. MARTIN L. KING BLVD.
DAYTONA BEACH FL 32114**

Mailing Address
**427 S. DR. MARTIN L. KING BLVD.
DAYTONA BEACH FL 32114**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3486539**

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

**CHERRY, CHARLES W
427 S. DR. MARTIN L. KING BLVD.
DAYTONA BEACH FL 32114**

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**

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 #
NAME **CHERRY, CHARLES W**
STREET ADDRESS **429 SOUTH MARTIN LUTHER KING, JR. BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **CHERRY, JULIA T**
STREET ADDRESS **429 SOUTH MARTIN LUTHER KING, JR. BLVD.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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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 REQUIRED
Charles W. Cherry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/11/02 386/252-6942

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE