

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000264**

1. Entity Name

NOEL E. GRIFFIN, SR. FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**P.O. BOX 985
TAVARES FL 32778**

Mailing Address

**P.O. BOX 985
TAVARES FL 32778**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -5 PM 3:31



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number **59-3360505**

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

**GRIFFIN, NOEL E JR.
STATE ROAD 44 EAST, BOX 20309
EUSTIS FL 32726**

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.

\$1,225,000.00

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 #
NAME **GRIFFIN, NOEL E., JR., TRUSTEE**
STREET ADDRESS **STATE ROAD 44 EAST, BOX 20309**
CITY-ST-ZIP **EUSTIS FL 32726**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

Noel E. Griffin Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-02 352-383-1491

Date

Daytime Phone #

0007820 AT

CR2E003 (9/01)