

2001 UNIFORM BUSINESS REPORT (UBR)

0008473 AF

DOCUMENT # **A96000000783**

1. Entity Name

THE J AND N SECOND FAMILY LIMITED PARTNERSHIP

FILED

01 APR 25 PM 12:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1408 N. WESTSHORE BLVD.
#1004
TAMPA FL 33607**

Mailing Address

**1408 N. WESTSHORE BLVD.
#1004
TAMPA FL 33607**

2. Principal Place of Business

1408 N. WESTSHORE BLVD.

3. Mailing Address

1408 N. WESTSHORE BLVD.

Suite/Apt. #, etc.

1004

Suite/Apt. #, etc.

1004

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3375093

Applied For

☐ Not Applicable

Zip

33607

Country

U.S.

Zip

33607

Country

U.S.

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

TELESE, JOSEPH E

1408 N. WESTSHORE BLVD.

#1004

TAMPA FL 33607

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$69,300.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$8,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**TELESE, JOSEPH E
1408 N. WESTSHORE BLVD.
TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

56.00-4

88.75-Ad

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900004213519-5

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******144.75 ****144.75**

DOCUMENT #
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01 813 6399899

Date

Daytime Phone #

CR2E003 (11/00)