

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009282 AT

**DOCUMENT # A96000001058**

1. Entity Name

**THE GORMAN FAMILY LIMITED PARTNERSHIP**

FILED

02 FEB 19 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1301 FLAGLER AVENUE  
KEY WEST FL 33040

Mailing Address

1301 FLAGLER AVENUE  
KEY WEST FL 33040



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

**65-0656450**

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

**GORMAN, LURA  
1301 FLAGLER AVENUE  
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

**\$3,920,000.00**

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	STREET ADDRESS	CITY-ST-ZIP
	<b>GORMAN, LURA</b>	<b>1301 FLAGLER AVENUE</b>	<b>KEY WEST FL 33040</b>

STREET ADDRESS	CITY-ST-ZIP

**800005022158--1**  
~~02/25/02 01052 020~~  
**\*\*\*\*526.25 \*\*\*\*526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Lura Gorman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*305-294-9779*  
Date Daytime Phone #

CR2E003 (9/01)