

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000001926**

1. Entity Name  
**SNYDER FAMILY LIMITED PARTNERSHIP**

**FILED**  
01 APR 27 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4390 S.W. THISTLE TERRACE  
PALM CITY FL 34990**

Mailing Address  
**4390 S.W. THISTLE TERRACE  
PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0691868</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>SNYDER, RICHARD H 4390 S.W. THISTLE TERRACE PALM CITY FL 34990</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$950,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.** **\$ 526.25**  
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	STREET ADDRESS		
	<b>PASKO, PATRICIA J</b>	<b>6594 S TWP RD 17</b>	CITY-ST-ZIP		
		<b>TIFFIN OH 44883</b>			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	<b>SNYDER, RICHARD H</b>	<b>4390 S.W. THISTLE TERRACE</b>	CITY-ST-ZIP		
		<b>PALM CITY FL 34990</b>			
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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: Richard H. Snyder, Gen'l Partner 4/28/01 561-286-9319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #