

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001926**

1. Entity Name
SNYDER FAMILY LIMITED PARTNERSHIP

FILED

02 MAY -6 PM 3:00

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**

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
65-0691868

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

7. Name and Address of New Registered Agent

**SNYDER, RICHARD H
4390 S.W. THISTLE TERRACE
PALM CITY FL 34990**

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. **\$950,000.00**

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. *526.25*

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PASKO, PATRICIA J	6594 S TWP RD 17	TIFFIN OH 44883
	SNYDER, RICHARD H	4390 S.W. THISTLE TERRACE	PALM CITY FL 34990

STREET ADDRESS	CITY-ST-ZIP
400005559624--8	-05/20/02--01010--023
	***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)(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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)