

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016734 AT

DOCUMENT # **A96000001926**



1. Entity Name
SNYDER FAMILY LIMITED PARTNERSHIP

FILED
03 APR 29 AM 8:34
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

4/29

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$950,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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. *8526.25*
CK # 1091

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PASKO, PATRICIA J 6594 S TWP RD 17 TIFFIN OH 44883
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SNYDER, RICHARD H 4390 S.W. THISTLE TERRACE PALM CITY FL 34990
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	708017323447
CITY-ST-ZIP	04/29/03--01082--029 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Richard H Snyder* **REQUIRED Gen'l Partner** 4/23/03 772-286-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)