

2002 UNIFORM BUSINESS REPORT (UBR)

U14065 A1

DOCUMENT # A96000002106

1. Entity Name

ORNS FAMILY PARTNERSHIP, LTD.

FILED

02 FEB -4 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

13041 AUTOMOBILE BOULEVARD
CLEARWATER FL 33762

Mailing Address

13041 AUTOMOBILE BOULEVARD
CLEARWATER FL 33762

2. Principal Place of Business

12406 WINDTREE BL

Suite, Apt. #, etc.

3. Mailing Address

12406 WINDTREE BL

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number

59-3413418

Applied For

Not Applicable

Zip

33772

Country

USA

Zip

33772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORNS, JERRY

13041 AUTOMOBILE BOULEVARD

CLEARWATER FL 33762

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

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

DATE

9. Capital Contributions
as Shown on record.

\$70,000.00

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

DOCUMENT #
NAME ORNS, JERRY
STREET ADDRESS 13041 AUTOMOBILE BOULEVARD
CITY-ST-ZIP CLEARWATER FL 33762

DOCUMENT #
NAME ORNS, DONNA
STREET ADDRESS 13041 AUTOMOBILE BOULEVARD
CITY-ST-ZIP CLEARWATER FL 33762

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-15-02 727-397-7997

CP2E003 (9/01)