

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002110

1. Entity Name

KALLMAN FAMILY PARTNERS, LTD.

Principal Place of Business

2811 N.W. 58TH BLVD.  
GAINESVILLE FL 32606

Mailing Address

2811 N.W. 58TH BLVD.  
GAINESVILLE FL 32606

FILED

01 APR -9 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3431563

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

KALLMAN, CLAYTON H  
2245 N.W. 24TH AVENUE  
GAINESVILLE FL 32605-8

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$375,000.00

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  
KALLMAN, CLAYTON H  
2245 N.W. 24TH AVENUE  
GAINESVILLE FL 32605

STREET ADDRESS

2811 NW 58th Blvd

CITY-ST-ZIP

Gainesville, FL 32606

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KALLMAN, LINDA  
2245 N.W. 24TH AVENUE  
GAINESVILLE FL 32605

STREET ADDRESS

2811 NW 58th Blvd

CITY-ST-ZIP

Gainesville, FL 32606

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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: X

Signature and Typed or Printed Name of Signing General Partner

4/4/01

Date

352-376-2334

Daytime Phone #