

2001 UNIFORM BUSINESS REPORT (UBR)

002641 AF

DOCUMENT # A96000002506

1. Entity Name

YEAPLE FAMILY, LTD.

FILED

Principal Place of Business
4490 W. COLONIAL DRIVE
ORLANDO FL 32808

Mailing Address
4490 W. COLONIAL DRIVE
ORLANDO FL 32808

01 FEB -5 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3421782

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMA, ANTHONY W
BROAD AND CASSEL
390 NORTH ORANGE AVENUE, #1100
ORLANDO FL 32801-1640

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.

\$200.00

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 YEAPLE, ROBERT S
STREET ADDRESS 5007 DENIS COURT
CITY-ST-ZIP ORLANDO FL 32812

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME YEAPLE, EVE L
STREET ADDRESS 5007 DENIS COURT
CITY-ST-ZIP ORLANDO FL 32812

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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

Robert S Yeaple 2-1-01 407 299-3322

Date

Daytime Phone #

CR2E003 (11/00)