

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A96000002506**

1. Entity Name  
**YEAPLE FAMILY, LTD.**



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**03 APR -9 PM 2:00**



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

Mailing Address  
**4490 W. COLONIAL DRIVE  
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

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

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. 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. **\$200.00**

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

**900015550869**

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

STREET ADDRESS

CITY-ST-ZIP

**04/09/03--01032--009 \*\*141.25**

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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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Robert S Yeaple 4-4-03 407 299-3322**

Date

Daytime Phone #

CR2E003 (10/02)

0008429 AT