

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002524

1. Entity Name

DALE A. DEWITT FAMILY PARTNERSHIP, LTD.

FILED

02 MAR 22 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14463 W. COLONIAL DR.
WINTER GARDEN FL 34787

Mailing Address

106 W SHIAWASSEE
PO BOX 365
FENTON MI 48430

2. Principal Place of Business

3. Mailing Address

PO BOX 77033T
14463 W Colonial Dr
City & State
Winter Garden FL

DUE BY MAY 1, 2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34787

USA

4. FEI Number

59-3435240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEWITT, DALE A
14463 W. COLONIAL DR.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

Ann L. Severns

Street Address (P.O. Box Number is Not Acceptable)

14463 W Colonial Dr

~~14463 W Colonial Dr~~

City

Winter Garden

FL

Zip Code

34787

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] Partner

3/19/02

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

DATE

9. Capital Contributions
as Shown on record.

\$854,060.00

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
DEWITT, DALE A
14463 W. COLONIAL DR.
WINTER GARDEN FL 34787

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SEVERNS, ANN L
106 W. SHIAWASSEE
FENTON MI 48430

STREET ADDRESS

CITY-ST-ZIP

14463 W Colonial Drive
Winter Garden FL 34787

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STREET ADDRESS
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] Partner 3/18/02

Date

407-656-1799

Daytime Phone #

0016335 AT

CR2E003 (9/01)

STAPLE CHECK HERE