

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000022

1. Entity Name

COLANGELO FAMILY LIMITED PARTNERSHIP

Principal Place of Business

9130 SE 72ND AVENUE  
OCALA FL 34472

Mailing Address

9130 SE 72ND AVENUE  
OCALA FL 34472

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
02 AUG 26 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3423517

Applied For  
Not Applicable

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

PEEK, DAVID H  
1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207

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

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

DATE

9. Capital Contributions as Shown on record.

\$117,600.00

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	STREET ADDRESS	CITY-ST-ZIP
	COLANGELO, ALBERT V	9130 SE 72ND AVENUE	OCALA FL 34472		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	COLANGELO, ELIZABETH B	9130 SE 72ND AVENUE	OCALA FL 34472		
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BK

CR2E003 (4/02)

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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

Aug 1, 2002 352-245-0609  
Date Daytime Phone #