

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000721**

1. Entity Name

GAGEL FAMILY LIMITED PARTNERSHIP, LTD.

FILED

Principal Place of Business
~~3002 SOUTH MILLER ROAD~~
VALRICO FL 33594

Mailing Address
C/O EARL R. GAGEL
~~3002 SOUTH MILLER ROAD~~
VALRICO FL 33594

01 JUL 20 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1808 CHICKASAW TRAIL

3. Mailing Address
1808 CHICKASAW TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State
VALRICO FL

City & State
VALRICO FL

4. FEI Number **59-3493370**

Applied For
Not Applicable

Zip
33594

Country
HILLS.

Zip
33594

Country
HILLSBOROUGH

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

VINCENT FERRARO, CPA
217 LITHIA PINECREST RD.
BRANDON FL 33511

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. **\$1,500,000.00**

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 # **P97000027615**
NAME **GAGEL GP CORP., INC.**
STREET ADDRESS **3002 SOUTH MILLER ROAD**
CITY-ST-ZIP **VALRICO FL 33594**

STREET ADDRESS **1808 CHICKASAW TRAIL**
CITY-ST-ZIP **VALRICO, FL 33594**

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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: **Earl R. Gagel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

07-10-01

Date

655-4681

Daytime Phone #

CR2E003 (5/01)

0002286 AT

STAPLE CHECK HERE