

# A97000000832

DOCUMENT # A97000000832

1. Entity Name

BASHANT FAMILY LIMITED PARTNERSHIP



FILED

03 JAN 31 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6301 SE FEDERAL Hwy

Suite, Apt. #, etc.

3. Mailing Address

6301 SE FEDERAL Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0762936

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34997

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GERALD W. BASHANT, SR.

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

6301 SE FEDERAL Hwy

City

STUART

FL

Zip Code

34997

DO NOT WRITE  
IN THIS SPACE

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.

1-29-03

DATE

9. Capital Contributions  
as Shown on record.

400,000

10. Amount of Capital Contributions  
in FLORIDA to date.

- 0 -

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

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

GERALD W. BASHANT, SR.  
6301 SE FEDERAL Hwy  
STUART, FL 34997

STREET ADDRESS

CITY-ST-ZIP

400011592234

01/31/03--01056--014 \*\*2052.50

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REINSTATEMENT 02-03

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

GERALD W BASHANT SR

GERALD W BASHANT

1-29-03

772-285-7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)