

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000968**

1. Entity Name

**JCE FAMILY PARTNERSHIP, LTD.**

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2957 W. SR434, SUITE 300  
LONGWOOD FL 32779

Mailing Address

P.O. BOX 915182  
LONGWOOD FL 32791

2. Principal Place of Business

3. Mailing Address

**PO Box 1685**

**New Smyrna Beach, FL 32170-1685**

**PO Box 1685**

**New Smyrna Beach, FL 32170-1685**

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

**52-2040503**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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

**EVANS, JERRY C**  
**206 SMOKERISE BLVD.**  
**LONGWOOD FL 32779**

Name

Street Ad

(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.

DATE

9. Capital Contributions  
as Shown on record.

**\$10,000.00**

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 #  
NAME **EVANS, JERRY C**  
STREET ADDRESS **2957 W. SR434, SUITE 300**  
CITY-ST-ZIP **LONGWOOD FL 32779**

STREET ADDRESS

**PO Box 1685**

CITY-ST-ZIP

**New Smyrna Beach, FL 32170-1685**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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**\*\*\*\*158.75 \*\*\*\*158.75**

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

**April 1, 2002**

Date

**386/423-8884**  
Daytime Phone #

CR2E003 (9/01)