

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000968

1. Entity Name
JCE FAMILY PARTNERSHIP, LTD.



FILED

03 MAY -6 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
P.O. BOX 1685
NEW SMYRNA BEACH FL 32170-1685

Mailing Address
P.O. BOX 1685
NEW SMYRNA BEACH FL 32170-1685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 52-2040503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

504 N. Riverside Drive

City

New Smyrna Beach FL

Zip Code

32168

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. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME EVANS, JERRY C
STREET ADDRESS P.O. BOX 1685
CITY-ST-ZIP NEW SMYRNA BEACH FL 32170-1685

STREET ADDRESS

CITY-ST-ZIP

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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

Jerry C. Evans

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

386-423-8884

April 28, 2003

Date

Daytime Phone #

CR2E003 (10/02)

0006035
AT

STAPLE CHECK HERE