

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001044

1. Entity Name

HOSTETTER FAMILY PARTNERSHIP, LTD.

Principal Place of Business

1747 W. DEL WEBB BLVD
SUN CITY CENTER FL 33573

Mailing Address

% CHARLES T. HOSTETTER
1747 W. DEL WEBB BLVD
SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-7094063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

HOSTETTER, CHARLES T
1747 W. DEL WEBB BLVD
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions

as Shown on record:

\$943,743.28

10. Amount of Capital Contributions

in FLORIDA to date.

828,244.39

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOSTETTER, CHARLES T TRUSTEE
1747 W. DEL WEBB BLVD
SUN CITY CENTER FL 33573

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOSTETTER, ROBERT R
300 BERNICE STREET
ROME CITY IN 46784

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MARLOW, CAROL A
3803 S.W. ORCHARD STREET
SEATTLE WA 98126

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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PLEASE SIGN
& DATE

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:

CAROL MARLOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/02
Date

306-643-0550
Daytime Phone #

CR2E003 (9/01)

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