

2002 UNIFORM BUSINESS REPORT (UBR)

000778 AT

DOCUMENT # **A97000001255**

1. Entity Name

ROBERT E. LANGFORD FAMILY LIMITED PARTNERSHIP

FILED

02 FEB 18 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**C/O STEVEN H. KANE
557 N. WYMORE RD., STE. 100
MAITLAND FL 32751**

**C/O STEVEN H. KANE
557 N. WYMORE RD., STE. 100
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **59-3450312**

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

**KANE, STEVEN H ESQ.
KANE AND KOLTUN, ATTORNEYS AT LAW
557 NO. WYMORE ROAD, STE. 100
MAITLAND FL 32751**

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.

\$3,403,908.00

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 # **P97000046423**
NAME **ROBERT E. LANGFORD CORPORATION**
STREET ADDRESS **P.O. BOX 970**
CITY-ST-ZIP **WINTER PARK FL 32790-0970**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Geraldine L. Liff

2/14/02 407-647-4117

Date

Daytime Phone

CR2E003 (9/01)

STAPLE CHECK HERE