

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # A97000001284

1. Entity Name
THE FORTIN FAMILY LIMITED PARTNERSHIP

FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2238 BRANDON ROAD
LAKELAND FL 33803**

Mailing Address
**2238 BRANDON ROAD
LAKELAND FL 33803**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **59-3451310**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VREELAND, JOHN K
ONE LAKE MORTON DRIVE
LAKELAND FL 33801**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record **\$57,000.00**

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 STREET ADDRESS CITY-ST-ZIP	FORTIN, WILFRED R 2238 BRANDON ROAD LAKELAND FL 33803	STREET ADDRESS CITY-ST-ZIP	700004670267--9 -11/07/01--01014--005 ****496.50 ****496.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FORTIN, JUDY M 2238 BRANDON ROAD LAKELAND FL 33803	STREET ADDRESS CITY-ST-ZIP	
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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: *Judy Fortin* **REQUIRED** **10-8-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (5/01)

SAMPLE CHECK HERE