

2002 UNIFORM BUSINESS REPORT (UBR)

0013927 AT

DOCUMENT # A97000001435

1. Entity Name
HAMMESFAHR LIMITED PARTNERSHIP

FILED

02 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten initials



Principal Place of Business
600 DRUID ROAD EAST
CLEARWATER FL 33756

Mailing Address
600 DRUID ROAD EAST
CLEARWATER FL 33756

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3460106
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

HAMMESFAHR, WILLIAM
600 DRUID ROAD
CLEARWATER FL 34616

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.

9. Capital Contributions as Shown on record. \$3,000,000.00
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	HAMMESFAHR, WILLIAM M TRUSTEE 600 DRUID ROAD EAST CLEARWATER FL 33756	STREET ADDRESS		
			CITY-ST-ZIP	500005507045--7 -05/13/02--01086--015 ****150.00 ****150.00	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP	HAMMESFAHR, GINA P TRUSTEE 600 DRUID ROAD EAST CLEARWATER FL 33756	STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
			CITY-ST-ZIP	500005507045--7 -05/13/02--01086--016 ****376.25 ****376.25	
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP		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

3/16/02 729-461-4964
Date Daytime Phone #

CR2E003 (9/01)