

2002 UNIFORM BUSINESS REPORT (UBR)

0007914 AT

DOCUMENT # **A97000001781**

FILED

02 JAN 22 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

MORAR FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2706 ORLANDO DRIVE
SANFORD FL 32773-5312

2706 ORLANDO DRIVE
SANFORD FL 32773-5312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3468922

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.
1061 MAITLAND CENTER COMMONS, STE. 106
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.

\$974,000.00

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 # **P97000063296**
NAME **BSM PROPERTIES, INC.**
STREET ADDRESS **2706 ORLANDO DRIVE**
CITY-ST-ZIP **SANFORD FL 32773-5312**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
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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: **X** *Govind N. Morar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/2002

DATE

DAYTIME PHONE #

STAPLE CHECK HERE

FILED 01/18/02