

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001893

1. Entity Name

Katemand Family Limited Partnership

Principal Place of Business

Mailing Address

2. Principal Place of Business

3534 Swans Landing

3. Mailing Address

3534 Swans Landing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

4. FEI Number

59-3466439

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 23 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Kurt H. Hull  
3534 Swans Landing  
Land O' Lakes, FL 34639

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$540,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$540,000.00

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 Kurt H. Hull  
STREET ADDRESS 3534 Swans Landing  
CITY-ST-ZIP Land O' Lakes, FL 34639

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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/01

Date

(813) 909-9644

Daytime Phone #

CR2E003 (11/00)