

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002302**

1. Entity Name

THE HEYSEK FAMILY LIMITED PARTNERSHIP AGREEMENT

Principal Place of Business

**3009 FOREST CLUB DRIVE
PLANT CITY FL 33567**

Mailing Address

**3009 FOREST CLUB DRIVE
PLANT CITY FL 33567**

FILED

02 MAY -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



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

59-3478039

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

HEYSEK, RANDY

**3009 FOREST CLUB DRIVE
PLANT CITY FL 33567**

Name

Street Address (P.O. Box Number is Not Acceptable)

✓ 3203 POLO PLACE

City

✓ PLANT CITY

FL

Zip Code

33567

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.

4/26/02
DATE

9. Capital Contributions
as Shown on record.

\$2,500.00

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

**HEYSEK, RANDY TRUSTEE
3009 FOREST CLUB DRIVE
PLANT CITY FL 33567**

STREET ADDRESS

✓ 3203 POLO PLACE

CITY-ST-ZIP

✓ PLANT CITY, FL 33567

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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

Date

Daytime Phone #

**813-
4/18/02 754-2129**

CR2E003 (9/01)