

# 2001 UNIFORM BUSINESS REPORT (UBR)

192  
0001700  
AT

DOCUMENT # A97000002457

1. Entity Name

J.R.J.A. FAMILY PARTNERSHIP, LTD.

Principal Place of Business

14602 MCCORMICK DRIVE  
TAMPA FL 33626

Mailing Address

14602 MCCORMICK DRIVE  
TAMPA FL 33626

FILED

01 JUL 25 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3970 TAMPA ROAD

3. Mailing Address

3970 TAMPA ROAD

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

DUE BY SEPTEMBER 26, 2001

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FEI Number

59-3478703

Applied For

Not Applicable

Zip

34677

Country

P. NEELAN

Zip

34677

Country

P. NEELAN

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SADORF, RICK W ESQ.

14602 MCCORMICK DRIVE

TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

JOHN BARBEE

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

3970 TAMPA ROAD

Suite D

City

OLDSMAR

FL

Zip Code

34677

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/01

DATE

9. Capital Contributions as Shown on record

\$185,297.00

10. Amount of Capital Contributions in FLORIDA to date

100,000.00

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

DOCUMENT #

NAME

BARBEE, JOHN W JR.

STREET ADDRESS

14602 MCCORMICK DRIVE

CITY-ST-ZIP

TAMPA FL 33626

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3970 TAMPA ROAD Suite D

CITY-ST-ZIP

OLDSMAR FL 3

STREET ADDRESS

CITY-ST-ZIP

800004509858--1

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

7-6-01

Date

813-88-9296

Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE