

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002457

1. Entity Name
J.R.J.A. FAMILY PARTNERSHIP, LTD.



FILED
03 JAN 16 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2396 WATERVIEW COURT
PALM HARBOR FL 34684

Mailing Address
2396 WATERVIEW COURT
PALM HARBOR FL 34684



2. Principal Place of Business

36750 U.S. Hwy 19

3. Mailing Address

36750 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #2448

Unit #2448

City & State

City & State

Palm Harbor, FL

Palm Harbor FL

Zip

Zip

34684

PINELLAS

34684

PINELLAS

DUE BY MAY 1, 2003

4. FEI Number 59-3478703

Applied For

Not Applicable

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

BARBER, JOHN
2396 WATERVIEW COURT
PALM HARBOR FL 34684

Name

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

36750 U.S. Hwy 19

Unit #2448

City

Palm Harbor

FL

Zip Code

34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$185,297.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
BARBEE, JOHN W JR.
2396 WATERVIEW COURT
PALM HARBOR FL 34684

STREET ADDRESS
CITY-ST-ZIP
36750 U.S. Hwy 19 #2448
Palm Harbor FL 34684

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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

1/10/03 727-784-7713

Date

Daytime Phone #

CR2E003 (10/02)

0016276 AT