

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014278  
AT

DOCUMENT **A97000002624**

1. Entity Name

**RUTHVEN FAMILY LIMITED PARTNERSHIP NUMBER ONE**

02 APR 17 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**41 LAKE MORTON DRIVE  
LAKELAND FL 33801**

Mailing Address

**P.O. BOX 2187  
LAKELAND FL 33806**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 2420**

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

Zip

**33806**

Country

**POLK**

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3481806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RUTHVEN, JOE P  
41 LAKE MORTON DRIVE  
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

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.

**\$148,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1100.00**

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 # **P97000102386**  
NAME **RUTHVEN GP ONE, INC.**  
STREET ADDRESS **41 LAKE MORTON DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33801**

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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-04/05/02--01013--010  
\*\*\*\*291.25 \*\*\*\*141.25**

CR2E003 (9/01)

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/1/02**

**863-686-3173**

Date Daytime Phone #