

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002749**

1. Entity Name
HILL FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**2602 SOUTH MACDILL AVENUE
TAMPA FL 33629**

Mailing Address
**2602 SOUTH MACDILL AVENUE
TAMPA FL 33629**

FILED

03 JUL 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

4607 Ridgecliff Dr

3. Mailing Address

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

Brandon FL

City & State

4. FEI Number **59-3496710**

Applied For

Not Applicable

Zip
33511

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, LEE H III
2602 MACDILL AVENUE
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

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

4607 Ridgecliff Dr

City

Brandon

FL

Zip Code

33511

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.

\$640,250.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HILL, LEE H III
4607 RIDGECLIFF DRIVE
BRANDON FL 33511**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/22/03

813-832-1601

CR2E003 (4/03)