

2001 UNIFORM BUSINESS REPORT (UBR)

0018166 AF

DOCUMENT # A98000000074

1. Entity Name

THE CLEMENTS FAMILY LIMITED PARTNERSHIP

FILED

01 MAY 18 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% ALAN S. ACKER, ESQ.
145 E. RICH ST., FOURTH FLOOR
COLUMBUS OH 43215

Mailing Address
4332 LIVE OAK BLVD.
PALM HARBOR FL 34685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3469201

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

RILEY, CHRISTINE K
4332 LIVE OAK BLVD.
PALM HARBOR FL 34685

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$2,647,500.00

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 # F97000006305
NAME CLEMENTS FAMILY CORPORATION
STREET ADDRESS 145 E. RICH ST., FOURTH FLOOR
CITY-ST-ZIP COLUMBUS OH 43215

STREET ADDRESS

CITY-ST-ZIP

100004418831--5

06/13/01--01099--023

***\$535.00 ***\$535.00

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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

CLEMENTS FAMILY CORPORATION BY CHRISTINE K. RILEY, PRESIDENT

SIGNATURE:

Christine K. Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01

X727-785-0813

Date

Daytime Phone #

CR2E003 (11/00)