

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000172

1. Entity Name

CICCONI FAMILY PARTNERSHIP, LTD.

Principal Place of Business

104 NORTH ISLE DRIVE
SARASOTA FL 34243-1415

Mailing Address

351 CAMER DRIVE, SUITE A
BENSALEM PA 19020

FILED

02 NOV -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JENKINTOWN, PA

Zip

Country

Zip

Country

19046

USA

DUE BY SEPTEMBER 25, 2002

4. FEI Number 23-2938876

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

MUNROE, W. BRADLEY ESQ.

234 E. VIRGINIA STREET
TALLAHASSEE FL 32301

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. 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.

\$9,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

9,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000107699
NAME CICCONI FAMILY CORPORATION
STREET ADDRESS 351 CAMER DRIVE, SUITE A
CITY-ST-ZIP BENSALEM PA 19020

STREET ADDRESS P.O. Box 643
CITY-ST-ZIP JENKINTOWN, PA 19046

DOCUMENT #
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STREET ADDRESS 300008804993
CITY-ST-ZIP 10/05/02--01039--023--**551-75

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 9/2/02 Daytime Phone #

CR2E003 (4/02)