

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000410 AI

**DOCUMENT #** A98000000229  
**1. Entity Name**  
 DRANE FAMILY PARTNERSHIP, LTD.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 JAN 15 AM 10:20  
 4/21/18

**Principal Place of Business**      **Mailing Address**  
 4140 CONWAY PLACE CIRCLE      4140 CONWAY PLACE CIRCLE  
 ORLANDO FL 32812      ORLANDO FL 32812



**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**  
**4. FEI Number** 59-3485934      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 DRANE, JAMES P JR.  
 4140 CONWAY PLACE CIRCLE  
 ORLANDO FL 32812

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$1,001,465.00      **10. Amount of Capital Contributions in FLORIDA to date.** \$1,001,465.00      **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 #	
NAME	DRANE, JAMES P JR.
STREET ADDRESS	4140 CONWAY PLACE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32812
DOCUMENT #	
NAME	JAMES P. DRANE, JR., TRUSTEE
STREET ADDRESS	4140 CONWAY PLACE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32812
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004781120--3
CITY-ST-ZIP	01/17/02 01021-003 ****526.25      ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	FF \$26.75
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:** *JAMES P. DRANE, JR.* **SIGNATURE REQUIRED** *JAMES P. DRANE, JR. S.P. 1/11/02 407-855-1288*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)