

2002 UNIFORM BUSINESS REPORT (UBR)

0000087 AT

DOCUMENT # **A98000000727**

1. Entity Name
GUTIERREZ FAMILY LIMITED PARTNERSHIP

FILED

02 OCT 17 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4251 GROVEWOOD LANE
TITUSVILLE FL 32780

Mailing Address
4251 GROVEWOOD LANE
TITUSVILLE FL 32780

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3529174**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DUE BY SEPTEMBER 25, 2002

6. Name and Address of Current Registered Agent

GLANTZ, RONALD P ESQ
GLANTZ AND GLANTZ, P.A.
7951 SW SIXTH STREET
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfonso P. Gutierrez*
Signature, typed or printed name of registered agent and title if applicable.

DATE *9/13/02*

9. Capital Contributions as Shown on record. **\$3,814.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	GUTIERREZ, ALFONSO PELAYO	4251 GROVEWOOD LANE	TITUSVILLE FL 32870
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300007823313--4
CITY-ST-ZIP	-09/18/02--01031--003 ****950.00 ****400.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300007823313--4
CITY-ST-ZIP	-10/17/02--01045--001 ****115.49 ****115.49
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: *Alfonso P. Gutierrez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/13/02
Date

Daytime Phone #

CR2E003 (4/02)