

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014506 AF

DOCUMENT # **A98000000738**

1. Entity Name

**KELLEY FAMILY INVESTMENT PARTNERSHIP, LTD.**

**FILED**

**01 FEB 27 AM 10:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**910 HARBOR LAKE COURT  
SAFETY HARBOR FL 34695**

Mailing Address

**P.O. BOX 128  
SAFETY HARBOR FL 34695**

2. Principal Place of Business

**1590 Lago Vista Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Palm Harbor FL**

City & State

**i**

4. FEI Number

**59-3502831**

Applied For

Not Applicable

Zip

Country

**34695**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KELLEY, ROBERT P  
910 HARBOR LAKE COURT  
SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name

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

**1590 Lago Vista Blvd.**

City

**Palm Harbor**

**FL**

Zip Code

**34695**

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.

**\$980.00**

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

DOCUMENT # **P98000026229**  
NAME **KELLEY INVESTMENTS, INC.**  
STREET ADDRESS **910 HARBOR LAKE COURT**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**P.O. Box 128**

CITY-ST-ZIP

**Safety Harbor FL 34695**

DOCUMENT #  
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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:

**Robert P. Kelley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/22/01 727-725-2588**

CR2E003 (11/00)