

2002 UNIFORM BUSINESS REPORT (UBR)

0012916 AT

DOCUMENT # A98000001123

1. Entity Name

ST. JOHN FAMILY LIMITED PARTNERSHIP

FILED

02 FEB 18 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7905 EAGLE PALM DR.
RIVERVIEW FL 33569

Mailing Address

7905 EAGLE PALM DR.
RIVERVIEW FL 33569

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

59-3502124

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

ST. JOHN, GARRY W
8918 SABAL INDUSTRIAL BLVD.
TAMPA FL 33619

Name

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

7905 EAGLE PALM DR

City

RIVERVIEW

FL

Zip Code

33569

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.

DATE

9. Capital Contributions
as Shown on record.

\$342,804.00

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 ST. JOHN, GARRY W
STREET ADDRESS 7905 EAGLE PALM DR.
CITY-ST-ZIP RIVERVIEW FL 33569

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME ST. JOHN, SHARON M
STREET ADDRESS 7905 EAGLE PALM DR.
CITY-ST-ZIP RIVERVIEW FL 33569

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FEB 15/02 (813)621-8693 (X15)

Date

Daytime Phone #

CR2E003 (9/01)