

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008123 AT

DOCUMENT # A98000001323

1. Entity Name
CLARITA GARCIA FAMILY PARTNERSHIP, LTD.



FILED

03 FEB 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



7/10

DUE BY MAY 1, 2003

Principal Place of Business
601 NORTH NEW YORK AVENUE, SUITE 200
WINTER PARK FL 32789

Mailing Address
P.O. BOX 2066
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3514326

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

GARCIA, M A III
601 NORTH NEW YORK AVENUE
WINTER PARK FL 32789

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. \$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
GARCIA, M A III
601 NORTH NEW YORK AVENUE, SUITE 200
WINTER PARK FL 32789

STREET ADDRESS
CITY-ST-ZIP
600012232256
02/10/03--01114--019 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SINK, CARMEN G
601 NORTH NEW YORK AVENUE, SUITE 200
WINTER PARK FL 32789

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.8.03 407.647.4300

Date

Daytime Phone #

CR2E003 (10/02)