

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016281 AT

**DOCUMENT # A98000001426**

1. Entity Name  
**FAHS FAMILY LIMITED PARTNERSHIP**

FILED

02 FEB 18 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **1307 S. EIGHTH STREET, LEESBURG FL 34748**

Mailing Address: **1307 S. EIGHTH STREET, LEESBURG FL 34748**

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

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

City & State

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3516531**

Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FAHS, JOHN L JR**  
**1307 S. EIGHTH STREET**  
**LEESBURG FL 34748**

**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. **\$5,000,000.00**

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 #	
NAME	<b>FAHS, JOHN L JR</b>
STREET ADDRESS	<b>1307 S. EIGHTH STREET</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>
DOCUMENT #	
NAME	<b>FAHS, GLORIANNE E</b>
STREET ADDRESS	<b>1307 S. EIGHTH STREET</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>
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	<b>200004990902--9</b>
CITY-ST-ZIP	<b>-02/22/02--01044--002</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: *John L Fahs Jr* **John L Fahs Jr. Gen Ptn** 2/13/02 352-787-5969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #