

2002 UNIFORM BUSINESS REPORT (UBR)

000179 AT

192

DOCUMENT # A98000001431

1. Entity Name

NUGENT FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**3796 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**

Mailing Address

**3796 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**

FILED

02 OCT -2 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number **65-0842930**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**COLNU CORP.
3796 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33434**

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.

\$1,429,956.00

10. Amount of Capital Contributions in FLORIDA to date.

1,429,956.00

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 # **P98000039177**
NAME **COLNU, CORP.**
STREET ADDRESS **3796 QUAIL RIDGE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

STREET ADDRESS

CITY-ST-ZIP

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-10/04/02-01051-002
******526.50 ****526.50**

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: MARGARET C. NUGENT **9/13/02** **919-542-3165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)

202

looking beyond the bottom line

HUGHES

PITTMAN

GUPTON

August 28, 2002

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

No 2002 Uniform Business Reports were received prior to the form being filed. Therefore, we would appreciate your consideration in abating the \$400.00 penalty.

Thank you



Dan R. Hughes

cmw