

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001669**

1. Entity Name

MORSANI FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**15436 NORTH FLORIDA AVE., SUITE 103
TAMPA FL 33613**

Mailing Address

**15436 NORTH FLORIDA AVE., SUITE 103
TAMPA FL 33613**

2. Principal Place of Business

16007 N. FLORIDA AVE.

Suite, Apt. #, etc.

3. Mailing Address

16007 N. FLORIDA AVE.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33549

Country

USA

Zip

33549

Country

USA

4. FEI Number

59-3525011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORSANI, FRANK L

**15436 NORTH FLORIDA AVE., SUITE 103
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

MORSANI, FRANK L.

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

16007 N. FLORIDA AVE.

City

LUTZ

FL

Zip Code
33549

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

Frank L. Morsani

FRANK L. MORSANI APRIL 30, 2001

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.

\$20,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **2,100,000.00**

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

DOCUMENT #

P98000060957

NAME

MORSANI, INC.

STREET ADDRESS

15436 NORTH FLORIDA AVE., SUITE 103

CITY-ST-ZIP

TAMPA FL 33613

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

16007 N. FLORIDA AVE

CITY-ST-ZIP

LUTZ, FL 33549

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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*****526.25 ***141.25**

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06/06/01--01085--029

*****526.25 ***526.25**

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:

Frank L. Morsani

FRANK L. MORSANI APRIL 30, 2001 813-963-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY -4 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE