

2001 UNIFORM BUSINESS REPORT (UBR)

0020622 SP

DOCUMENT # **A98000001853**

1. Entity Name

THE KITENPLON FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**13041 AUTOMOTIVE BOULEVARD
CLEARWATER FL 33762**

Mailing Address

**13041 AUTOMOTIVE BOULEVARD
CLEARWATER FL 33762**

FILED

01 FEB -8 PM 12:43

**SECRETARY OF STATE
TAL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12406 WINDTREE BL

3. Mailing Address

12406 WINDTREE BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number

59-3528702

Applied For

Not Applicable

Zip

33772

Country

US

Zip

33772

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KITENPLON, DAVID A
13041 AUTOMOTIVE BOULEVARD
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name

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

12406 WINDTREE BL

City

SEMINOLE

FL

Zip Code

33772

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.

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-02/13/01--01040--009

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

9. Capital Contributions
as Shown on record.

\$325,000.00

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
STREET ADDRESS
CITY-ST-ZIP
**KITENPLON, DAVID A
13041 AUTOMOTIVE BOULEVARD
CLEARWATER FL 33762**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KITENPLON, IVY O
13041 AUTOMOTIVE BOULEVARD
CLEARWATER FL 33762**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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
12406 WINDTREE BL
CITY-ST-ZIP
SEMINOLE, FL 33772

STREET ADDRESS
12406 WINDTREE BL
CITY-ST-ZIP
SEMINOLE, FL 33772

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/21/01

Date

727-397-7997

Daytime Phone #

CR2E003 (11/00)