

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001975**

1. Entity Name

EVELYN ALMAND FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**400 N. TAMPA STREET, SUITE 2300
TAMPA FL 33602**

Mailing Address

**P.O. BOX 1531
TAMPA FL 33601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3532986

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

**GOODWIN, JAMES W
400 N. TAMPA STREET, SUITE 2300
TAMPA FL 33602**

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

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

DATE

9. Capital Contributions as Shown on record.

\$2,720,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALMAND, JOHN SCOTT TRUSTEE
400 N TAMPA STREET
TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

**900005107969--8
-03/14/02--01048--014**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALMAND LIGORI, EVE LYNN
400 N TAMPA STREET
TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

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

DOCUMENT #
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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:

John Scott Almand
John Scott Almand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-18-02

Date

(813) 744-5547

Daytime Phone #

0012982 AT

CR2E003 (9/01)

STAPLE CHECK HERE



FILED

02 MAR -6 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA