

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002004

1. Entity Name

THE KISS FAMILY LIMITED PARTNERSHIP

Principal Place of Business

25350 OAKS BLVD.  
LAND O' LAKES FL 34639

Mailing Address

25350 OAKS BLVD.  
LAND O' LAKES FL 34639-5547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

REIBER, JACOB I  
26650 HIGHWAY 54  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3521342  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$825,000.00

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 KISS, ALEXANDER  
STREET ADDRESS 25350 OAKS BLVD.  
CITY - ST - ZIP LAND O' LAKES FL 34639

DOCUMENT #  
NAME KISS, EMILIA  
STREET ADDRESS 25350 OAKS BLVD.  
CITY - ST - ZIP LAND O' LAKES FL 34639

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

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALEXANDER KISS

01/17/00 813-788-0378

Date

Daytime Phone #

CR2E003 (9/99)