

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015716 AT

<b>DOCUMENT # A98000002197</b>	
1. Entity Name <b>SANDY PALM FAMILY LIMITED PARTNERSHIP</b>	
Principal Place of Business <b>P.O. BOX 7362 NORTH PORT FL 34204</b>	Mailing Address <b>P.O. BOX 7362 NORTH PORT FL 34204</b>

FILED

02 APR 30 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3540112</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LEMEK, THEODORE J 4724 HANSAND AVENUE NORTH PORT FL</b>		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 *THEODORE J LEMEK* *SCOTT* *4/25/02*  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>LEMEK, THEODORE J 4724 HANSAND AVENUE NORTH PORT FL</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>LEMEK, KATHLEEN A 4724 HANSAND AVENUE NORTH PORT FL</b>	STREET ADDRESS CITY-ST-ZIP	<b>400005503584--0 -05/10/02--01080--008 ****141.25 ****141.25</b>
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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:** *THEODORE J LEMEK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)