

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014411 AT

DOCUMENT # **A98000002375**

1. Entity Name  
**N.D. KING FAMILY LIMITED PARTNERSHIP**

FILED

02 APR 26 AM 9:05

Principal Place of Business  
**475 RIFLE RANGE ROAD  
BARTOW FL 33830**

Mailing Address  
**P.O. BOX 815  
BARTOW FL 33831-0815**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0865099**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KING, MICHAEL L  
475 RIFLE RANGE ROAD  
BARTOW FL 33830**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,974,312.00**

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	<b>KING, MICHAEL L</b>	
STREET ADDRESS	<b>6018 WOATERWOOD TRAIL</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
DOCUMENT #		
NAME		
STREET ADDRESS		
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**6000005450166--7**  
**-05/03/02--01061--009**  
**\*\*\*\*\*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: **SIGNATURE REQUIRED** *m.l. King* **4-23-02** **863-537-9800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)