

2001 UNIFORM BUSINESS REPORT (UBR)

0019719 AF

DOCUMENT # A98000002433

1. Entity Name

THE CFNA FAMILY LIMITED PARTNERSHIP

FILED
01 APR 27 PM 12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/5/01

Principal Place of Business
3747 SOUTH ATLANTIC AVENUE, #205
DAYTONA BEACH SHORES FL 32127-5219

Mailing Address
5520 BUNKY WAY
DUNWOODY GA 30338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 58-2427636
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIHACEK, CHARLES F
3747 SOUTH ATLANTIC AVENUE, #205
DAYTONA BEACH SHORES FL 32127-5219

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$25,500.00
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 #	RIHACEK, CHARLES F
NAME	3747 SOUTH ATLANTIC AVENUE, #205
STREET ADDRESS	DAYTONA BEACH SHORES FL 32127-5219
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	178.50-4p
CITY-ST-ZIP	88.75-Adm
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700004213507-2
CITY-ST-ZIP	05/14/01-01008-016
STREET ADDRESS	****267.25 ****267.25
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: Charles F. Rihacek, CHARLES F. RIHACEK 4-20-2001 (909) 710-1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)