

2002 UNIFORM BUSINESS REPORT (UBR)

0006342 AT

DOCUMENT # A98000002433

1. Entity Name

THE CFNA FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:51

Principal Place of Business

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

Mailing Address

5520 BUNKY WAY
DUNWOODY GA 30338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-2427636

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIHACEK, CHARLES F

3747 SOUTH ATLANTIC AVENUE, #205

DAYTONA BEACH SHORES FL 32127-5219

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.

\$25,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

10,000

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

STREET ADDRESS

CITY-ST-ZIP

400005554784--4

05/16/02 01041 005

***158.75 ***158.75

DOCUMENT #
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141.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-29-02 770-394-3308

17. CR2E003 (9/01)