

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000241

1. Entity Name

J. LEE SMITH FAMILY, LIMITED PARTNERSHIP

FILED

02 JAN 17 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5177 TALLOW WOOD COURT
ORLANDO FL 32808

Mailing Address

5177 TALLOW WOOD COURT
ORLANDO FL 32808

2. Principal Place of Business

6839 OSAGE DR.

Suite, Apt. #, etc.

3. Mailing Address

6839 OSAGE DR.

Suite, Apt. #, etc.



DUE BY MAY 1, 2002

City & State

MT. DORA, FL

City & State

MT. DORA, FL

4. FEI Number

59-3557839

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES LEE

5177 TALLOW WOOD COURT

ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

JAMES LEE SMITH

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

6839 OSAGE DR.

City

MT. DORA

FL

Zip Code

32757

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

James Lee Smith

JAMES LEE SMITH

1/14/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$3,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,000.00

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	STREET ADDRESS	CITY-ST-ZIP
	SMITH, JAMES LEE	5177 TALLOW WOOD COURT	ORLANDO FL 32808
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SMITH, NANCY DIANE	5177 TALLOW WOOD COURT	ORLANDO FL 32808
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	6839 OSAGE DR.
CITY-ST-ZIP	MT. DORA, FL 32757
STREET ADDRESS	6839 OSAGE DR.
CITY-ST-ZIP	MT. DORA, FL 32757
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100004791431--1
CITY-ST-ZIP	-01/23/02--01049--001
	****141.25 ****141.25
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:

James Lee Smith

JAMES LEE SMITH

1/14/02

(407)

619-2168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)