2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 99000000274

1. Entity Name

The Cupolo Family Limited Partnership

FILED
01 MAY -7 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
37 Iroquois Trail
Ormond Beach, FL 32174

Mailing Address
Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
37 Iroquois Trail		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ormond Beach, FL		City & State	
Zip: 32174	Country	Zip	Country

4. FEI Number: 59-3562974 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Cupolo, Anthony M. Jr.
37 Iroquois Trail
Ormond Beach, FL 32174

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $22,000.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Cupolo, Anthony M. Jr. 37 Iroquois Trail Ormond Beach, FL 32174	STREET ADDRESS CITY-ST-ZIP	154.00-LP 88.75-Adm
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Cupolo, Germaine 37 Iroquois Trail Ormond Beach, FL 32174	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900004384199--9 06/08/01--01096--014 ****242.75 ****242.75
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (11/00)

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: Tony Cupolo G/P — 05/01/01 — 386-252-4214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #