

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000589

1. Entity Name

FRANKLIN C. COMINS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -5 PM 2:21



Principal Place of Business

% STEVEN H. KANE, ESQUIRE
557 NO. WYMORE ROAD, SUITE 100
MAITLAND FL 32751

Mailing Address

% STEVEN H. KANE, ESQUIRE
557 NO. WYMORE ROAD, SUITE 100
MAITLAND FL 32751

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3566652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

KANE, STEVEN H
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND FL 32751

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

Steven H. Kane

REGISTERED AGENT

1/21/02
DATE

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

9. Capital Contributions
as Shown on record.

\$1,248,000.00

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 FRANKLIN C. COMINS, TRUSTEE
STREET ADDRESS 1700 BRONSON WAY, BRONSON PLACE, APT. #263
CITY-ST-ZIP KALAMAZOO MI 49009

DOCUMENT #
NAME FRANCES M. COMINS, TRUSTEE
STREET ADDRESS 1700 BRONSON WAY, BRONSON PLACE, APT. #263
CITY-ST-ZIP KALAMAZOO MI 49009

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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02/12/02-01027-012
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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:

Steven H. Kane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Summer - 231-352-9298

Jan 28, 2002 616-381-8070

CR2E003 (9/01)