

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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192

DOCUMENT # A99000000767

1. Entity Name
THE KESERT FAMILY LIMITED PARTNERSHIP



FILED

03 JUL 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2525 GULF OF MEXICO DRIVE, 14D
LONGBOAT KEY FL 34228

Mailing Address
C/O HICKS
908 OAK DRIVE
GLENCOE IL 60022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0922512

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

HICKS, JOYCE
2525 GULF OF MEXICO DRIVE, 14D
LONGBOAT KEY FL 34228

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$295,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
HICKS, JOYCE
908 OAK DRIVE
GLENCOE IL 60022

STREET ADDRESS

CITY-ST-ZIP

800021587748

07/16/03--01026--006 **526.25

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOYCE HICKS
JOYCE HICKS
Date: 7/16/03
Daytime Phone: 813-812-1123

CR2E003 (4/03)

July 7th 2003
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03 JUL 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN -

Enclosed you will find
Check for the Kessel Family
Partnership for \$26,250.00 -

I never received the first
notice - This is the second year in
a row that this has occurred -
I called immediately upon receiving
this notice to clarify the error -

Thank you very much -

Joey Helt

The Kessel Family Partnership