

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014797 AT

02 APR 26 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **A99000001018**

1. Entity Name
FISHER TREE TOP INVESTMENT LIMITED PARTNERSHIP

Principal Place of Business 1249 SEAGRAPE LANE SANIBEL FL 33957	Mailing Address 1249 SEAGRAPE LANE SANIBEL FL 33957
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 06-1551371	Applied For Not Applicable

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

**FISHER, JOSEPH C
1249 SEAGRAPE LANE
SANIBEL FL 33957**

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.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	FISHER, JOSEPH C 1249 SEAGRAPE LANE SANIBEL FL 33957	STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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CITY-ST-ZIP				

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******141.75 ****141.75**

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: *Joseph C Fisher* **REQUIRED** **4/23/02** **234-472-2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)