

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001122 AF

**DOCUMENT # A99000001329**

1. Entity Name

**THE REICH FAMILY LIMITED PARTNERSHIP**

**FILED**

**01 JAN 12 PM 10:40**

Principal Place of Business

Mailing Address

**1416 TUSCA TRAIL  
WINTER SPRINGS FL 32708**

**1416 TUSCA TRAIL  
WINTER SPRINGS FL 32708**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3392726**  
**APPLIED FOR**

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

**REICH, STEPHEN G  
1416 TUSCA TRAIL  
WINTER SPRINGS FL 32708**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$4,200.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **REICH, STEPHEN G**  
STREET ADDRESS **1416 TUSCA TRAIL**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME **REICH, SHYLA G**  
STREET ADDRESS **1416 TUSCA TRAIL**  
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

STREET ADDRESS  
CITY-ST-ZIP  
**700003576067--0**  
**-01/26/01--01035--015**  
**\*\*\*141.25 \*\*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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: **STEPHEN G. REICH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1-9-01**

Daytime Phone # **407-695-2781**

CR2E003 (11/00)