

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A99000007395**

1. Entity Name

JLR Family Partnership, Ltd.

02 MAR 18 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

1423 EASTERN AVE

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

City & State

4. FEI Number

Applied For

ST. CLOUD FLORIDA

59-3560442

Not Applicable

Zip **34769**

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOE FERRY RAY

Street Address (P.O. Box Number is Not Acceptable)

1423 Eastern Ave.

City

ST. CLOUD

FL

Zip Code

34769

**DO NOT WRITE
IN THIS SPACE**

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

DATE

9. Capital Contributions as Shown on record

10,000

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

DOCUMENT #	F 43582	STREET ADDRESS	
NAME	ORANGE BELT IRRIGATION Supply INC	CITY-ST-ZIP	300005171803--6
STREET ADDRESS	1423 EASTERN AVENUE		-03/27/02--01048--018
CITY-ST-ZIP	ST. CLOUD, FL 34769		*****8.75 *****8.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300005171803--6
STREET ADDRESS			-03/27/02--01048--018
CITY-ST-ZIP			****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			IN THIS SPACE
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DOCUMENT #		STREET ADDRESS	
NAME		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: **[Signature]**

5-1202 4078926931

CR2E003B (12/01)