

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001581**

1. Entity Name

THE ABRAHAM GROUP PARTNERSHIP, LTD.

Principal Place of Business

**8925 EAST HAVEN COURT
NEW PORT RICHEY FL 34653**

Mailing Address

**19 O'BRIEN STREET
ORILLIA ONTARIO L3V 5S1
CA**

2. Principal Place of Business

1300 S. LAKE HOWARD DR

3. Mailing Address

1300 S. LAKE HOWARD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

DUE BY MAY 1, 2002

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

4. FEI Number

59-3599183

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANCASTER, JOHN J
4740 CLEVELAND HEIGHTS BOULEVARD
LAKELAND FL 33807**

7. Name and Address of New Registered Agent

Name
STEVEN ABRAHAM
Street Address (P.O. Box Number is Not Acceptable)
1300 S. LAKE HOWARD DR #508
City
WINTER HAVEN, FL Zip Code
33880

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 ABRAHAM (PARTNER)** **1-31-02**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

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 # **P99000085470**
NAME **THE ABRAHAM GROUP, INC.**
STREET ADDRESS **19 O'BRIEN STREET, SUITE 1**
CITY-ST-ZIP **ORILLIA ONTARIO L3V 5S1 L**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:  **STEVEN ABRAHAM** **1-31-02** **863-293-5559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

0021395 IN

FILED

02 FEB 27 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

