

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013072 AT

**DOCUMENT #** A39000001825

**1. Entity Name**  
GAYL CHRISTIE FAMILY PARTNERSHIP, LTD.

**FILED**  
02 MAY -6 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
26 AEGEAN AVENUE  
TAMPA FL 33606

**Mailing Address**  
26 AEGEAN AVENUE  
TAMPA FL 33606

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3607208  
Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
BRIDGES, BLUCHER B  
26 AEGEAN AVENUE  
TAMPA FL 33606

**7. Name and Address of New Registered Agent**  
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]* DATE 1/22/02

**9. Capital Contributions as Shown on record.** \$86,000.00  
**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CHRISTIE, PIERCE ALICE GAYL	26 AEGEAN AVENUE	TAMPA FL 33606
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CHRISTIE, PIERCE	2719 FOREST CLUB DRIVE	PLANT CITY FL 33567
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

*Corrected Computer 4/12/02*

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Gayle Christie* **GAYL CHRISTIE** DATE 4/8/02 813-253-3409

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Date** **Daytime Phone #**

CR2E003 (9/01)

STAPLE CHECK HERE