

2001 UNIFORM BUSINESS REPORT (UBR)

0018422 AF

DOCUMENT # B00000000116

1. Entity Name

RONALD PALMER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

20400 SUPERIOR
TAYLOR MI 48180

Mailing Address

20400 SUPERIOR
TAYLOR MI 48180

01 MAR 26 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20600 Eureka Rd.
Suite, Apt. #, etc.
STE 200

20600 Eureka Rd.
Suite, Apt. #, etc.
STE 200

City & State
TAYLOR MI

City & State
TAYLOR MI

Zip 48180 Country USA

Zip 48180 Country USA

4. FEI Number
38-3319268

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. \$30,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME PALMER, RONALD
STREET ADDRESS 20400 SUPERIOR
CITY-ST-ZIP TAYLOR MI 48180

STREET ADDRESS 20600 Eureka Rd. STE 200
CITY-ST-ZIP TAYLOR, MI 48180

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700003931897--0
CITY-ST-ZIP 03/30/01 01079-019
****298.75 ****298.75

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/01 734-374-9200

Date

Daytime Phone #

CR2E003 (11/00)