

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000258

1. Entity Name

HUSMANN-PEREZ FAMILY LIMITED PARTNERSHIP

Reinstatement

9/28/01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:23

Principal Place of Business

1220 NORTH MARKET STREET, SUITE 700  
WILMINGTON DE 19899-1355

Mailing Address

5309 29TH STREET EAST  
ELLENTON FL 34222



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUSMANN-PEREZ, MARGARET  
5309 29TH STREET EAST  
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name Margaret Husmann  
Street Address (P.O. Box Number is Not Acceptable)  
Same  
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 Margaret Husmann

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

Margaret Husmann

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00 ☒

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 HUSMANN-PEREZ, MARGARET  
STREET ADDRESS 1220 NORTH MARKET STREET, SUITE 700  
CITY-ST-ZIP WILMINGTON DE 19899-1355

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STREET ADDRESS  
CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

Penalty 500.00  
FF 437.50  
Sup 88.75  
1026.25  
700004640151-9  
-10/17/01--01076--006  
\*\*\*1026.25 \*\*\*1026.25

REINSTATEMENT

2001

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:

Margaret Husmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/10/01

Date

941-713-6660

Daytime Phone #

CR2E003 (5/01)