

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017128 AF

DOCUMENT # B960000000033

1. Entity Name

THORNTON ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business

1216 S.W. 20TH STREET  
CAPE CORAL FL 33991

Mailing Address

278 BAXTER LANE  
MILFORD CT 06460

FILED

01 MAY -3 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1148279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THORNTON, CHARLES D.W.  
1216 S.W. 20TH STREET  
CAPE CORAL FL 33991

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.

\$427,600.00

10. Amount of Capital Contributions in FLORIDA to date.

0.00

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 THORNTON, CHARLES D.W.  
STREET ADDRESS 1216 S.W. 20TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33991

STREET ADDRESS

100004334871--2

CITY-ST-ZIP

-05/30/01-01096-017

\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME ALTIERI, HOLLY T  
STREET ADDRESS 278 BAXTER LANE  
CITY-ST-ZIP MILFORD CT 06460

STREET ADDRESS

CITY-ST-ZIP

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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:

Holly Thornton Altieri, General Partner

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)