

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000033

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

62-1148279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

DOCUMENT #	THORNTON, CHARLES D.W.
NAME	1216 S.W. 20TH STREET
STREET ADDRESS	CAPE CORAL FL 33991
CITY-ST-ZIP	
DOCUMENT #	ALTIERI, HOLLY T
NAME	278 BAXTER LANE
STREET ADDRESS	MILFORD CT 06460
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	100005609971--5
	-05/24/02--01037--001
STREET ADDRESS	****141.25 ****141.25
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. Thornton Gen. Partner 4/26/02 (203) 876-0673

Date

Daytime Phone #

CR2E003 (9/01)



FILED

2002 MAY -8 AM 11:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA