

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015044 AT

DOCUMENT # **B98000000196**

1. Entity Name  
**THE NORTON SECOND FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAY 13 PM 2:58

125/24

141.25

Principal Place of Business  
**6433 AUTUMN WOODS BLVD.  
NAPLES FL 34109**

Mailing Address  
**6433 AUTUMN WOODS BLVD.  
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number  
**84-1389631**

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

**NORTON, MIKE  
6433 AUTUMN WOODS BLVD.  
NAPLES FL 34109**

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

9. Capital Contributions as Shown on record. **\$15,000.00**

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 #	<b>NORTON, MICHAEL G 6433 AUTUMN WOODS BLVD. NAPLES FL 34109</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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\*\*\*\*\*193.75 \*\*\*\*\*193.75**

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: **Michael Norton** April 7/02 586-1456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)