

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015136
AT

DOCUMENT # **B98000000218**

1. Entity Name

NICHOLSON FAMILY LIMITED PARTNERSHIP

02 APR 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5445 DTC PARKWAY
ENGLEWOOD CO 80111**

Mailing Address

**27401 COUNTRY CLUB DRIVE
BONITA SPRINGS FL 33923**



2. Principal Place of Business

3. Mailing Address

2580 Wild Pines Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Naples, FL

4. FEI Number

65-0929742

Applied For

Not Applicable

Zip

Country

Zip

Country

34112

USA

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

**NICHOLSON, ALEXANDER W JR.
27401 COUNTRY CLUB DRIVE
BONITA SPRINGS FL 34134**

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.

\$5,000.00

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 **NICHOLSON, ALEXANDER W JR.**
STREET ADDRESS **27401 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/8/02

CP2E003 (9/01)