

2002 UNIFORM BUSINESS REPORT (UBR)

0019673 AB

DOCUMENT # B98000000554

1. Entity Name

THE JAMES C. GALLO AND MELINDA B. GALLO FAMILY LIMITED PARTNERSHIP

FILED

02 MAY--3 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7430 WATER FALL TRAIL
CHAGRIN FALLS OH 44022

Mailing Address

7430 WATER FALL TRAIL
CHAGRIN FALLS OH 44022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

31-1572097

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

JAMES C. GALLO
6070 RUM COVE DRIVE
CAPE HAZE FL 33946

Name

MR. Don Ross Jr Attorney

Street Address (P.O. Box Number is Not Acceptable)

2640 Golden Gate Parkway Ste 206

City

Naples

FL

Zip Code

34105-3203

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 date if applicable.

3/31/2002

9. Capital Contributions
as Shown on record.

\$247,500.00

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
STREET ADDRESS
CITY-ST-ZIP
GALLO, JAMES C
7430 WATER FALL TRAIL
CHAGRIN FALLS OH 44022

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GALLO, MELINDA B
7430 WATER FALL TRAIL
CHAGRIN FALLS OH 44022

STREET ADDRESS
CITY-ST-ZIP

300005578103--0
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****526.25 ****526.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)