

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000554

1. Entity Name
THE JAMES C. GALLO AND MELINDA B. GALLO FAMILY L
IMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -4 PM 5:25

LN 3/6

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.

DUE BY MAY 1, 2003

City & State

City & State

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

ROSSIN, DON
2840 GOLDEN GATE PKWY., #206
NAPLES FL 34105-3203

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$247,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 GALLO, JAMES C
STREET ADDRESS 7430 WATER FALL TRAIL
CITY-ST-ZIP CHAGRIN FALLS OH 44022

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

600012232096
02/10/03--01114--016 **437.50

DOCUMENT #
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CITY-ST-ZIP

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600012232096
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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

JAMES C GALLO 2/5/03 440-73-3144

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE