

2001 UNIFORM BUSINESS REPORT (UBR)

0003066 AB

DOCUMENT # B98000000723

1. Entity Name

MARILYN O. KURTZ FAMILY, L.P.

FILED

01 OCT -2 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4948 NORTH WESTHAVEN DR.
JACKSON MS 39209

Mailing Address

4948 NORTH WESTHAVEN DR.
JACKSON MS 39209

2. Principal Place of Business

3. Mailing Address

P.O. Box 235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jackson, MS

Zip

Country

Zip

Country

39205-0235

USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number

64-0881724

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$95,000.00

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 KURTZ, MARILYN O
STREET ADDRESS 4948 NORTH WESTHAVEN DR.
CITY-ST-ZIP JACKSON MS 39209

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME KURTZ, FRANK PAUL
STREET ADDRESS 2390 PARSONS ROAD
CITY-ST-ZIP RAYMOND MS 39154

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME KURTZ, LAWRENCE A
STREET ADDRESS 2388 PARSONS ROAD
CITY-ST-ZIP RAYMOND MS 39154

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

9/25/01

Date

Daytime Phone #

CR2E003 (5/01)