

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000728

1. Entity Name

THE HICKMAN FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 9:00

Principal Place of Business

135 CHILEAN AVENUE
PALM BEACH FL 33480

Mailing Address

321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4019



2. Principal Place of Business

3. Mailing Address

90 STUART J. HAFT, ESQ.
Suite, Apt. #, etc.
PO BOX 431

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

City & State
Palm Beach, FL

4. FEI Number

65-0681474

Applied For

Not Applicable

Zip

Country

Zip

33480

Country

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

HAFT, STUART J ESQ
C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.
321 ROYAL POINCIANA PLAZA, SOUTH
PALM BEACH FL 33480

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.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$300,000.

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 # **P96000037051**
NAME **CASSATT ENTERPRISES, INC.**
STREET ADDRESS **135 CHILEAN AVE.**
CITY - ST - ZIP **PALM BEACH FL**

STREET ADDRESS **800003169198--5**
-03/14/00--01089--022
CITY - ST - ZIP ******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

ny 3/9/00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

MINNIE C. HICKMAN, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/00
Date

Daytime Phone #

MINNIE C. HICKMAN, PRES.
OF CASSATT ENTERPRISES, INC.

CFR2E003 (9/99)