

2001 UNIFORM BUSINESS REPORT (UBR)

0008240 AF

DOCUMENT # **A96000001422**

1. Entity Name

SEPNER FAMILY LIMITED PARTNERSHIP

FILED

01 APR -3 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7828 GLEN GARRY LANE
DELRAY BEACH FL 33446**

**7828 GLEN GARRY LANE
DELRAY BEACH FL 33446**

2. Principal Place of Business

3. Mailing Address

7538 GLENDEVON LANE

7538 GLENDEVON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

Country

33446 USA

Zip

Country

33446 USA

4. FEI Number

65-0697972

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

**SEPNER, HERBERT N
7828 GLEN GARRY LANE
DELRAY BEACH FL 33446**

Name
SANDRA LEE DAVIDOFF

Street Address (P.O. Box Number is Not Acceptable)
7538 GLENDEVON LANE

City
DELRAY BEACH FL Zip Code
33446

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] **SANDRA LEE DAVIDOFF**

3/28/01

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.

\$1,600,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,338,287

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 **SEPNER, HERBERT N** *Amendment filed 4-3-01*
STREET ADDRESS **7828 GLEN GARRY LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

STREET ADDRESS

CITY-ST-ZIP

DECEASED

DOCUMENT #
NAME **DAVIDOFF, SANDRA LEE**
STREET ADDRESS **7538 GLENDEVON LANE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

STREET ADDRESS

CITY-ST-ZIP

100003963481--0
-04/06/01--01115--004
******526.25 ****526.25**

DOCUMENT #
NAME **BETH L. KIRSHNER**
STREET ADDRESS **7538 GLENDEVON LANE**
CITY-ST-ZIP **DELRAY BEACH, FL. 33446**

STREET ADDRESS

CITY-ST-ZIP

FF \$ 526.75

DOCUMENT #
NAME
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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] **SANDRA LEE DAVIDOFF**

3/28/01

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)