

2000 UNIFORM BUSINESS REPORT (UBR)

0007424 /F

DOCUMENT # A96000002245

1. Entity Name
SELKO FAMILY NUMBER ONE LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
 3121 BURGUNDY DRIVE NORTH
 PALM BEACH GARDENS FL 33410

Mailing Address
 3121 BURGUNDY DRIVE NORTH
 PALM BEACH GARDENS FL 33410-1486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 65-0706092 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SELKO, SOLL L
 3121 BURGUNDY DRIVE NORTH
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$970,000.00 **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 STREET ADDRESS CITY - ST - ZIP	SELKO, SOLL L 3121 BURGUNDY DRIVE NORTH PALM BEACH GARDENS FL 33410	STREET ADDRESS CITY - ST - ZIP	700003245247--9 -05/09/00-01110-023 ***526.25 ***526.25
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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** **4/12/00** **661-624-4415**
 Date Daytime Phone #

CR2E003 (9/99)