

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000207

1. Entity Name
KENDALL FAMILY PARTNERSHIP OF P.B. CO., LTD.

FILED
01 JUL 23 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405

Mailing Address
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0723941** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KENDALL, TIMOTHY W
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405

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 _____
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 **\$1,427,370.00**

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

DOCUMENT #	KENDALL, C W TRUSTEE 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	KENDALL, ESTHER TRUSTEE 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	300004500333-9 -07/26/01--01072--029 ***535.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (5/01)

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: *Stefano J. DiGirolamo* **7/9/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #