

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000725**

1. Entity Name

**HADDEN FAMILY LIMITED PARTNERSHIP**

FILED

00 JAN 21 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1488 BREAKERS WEST BOULEVARD  
WEST PALM BEACH FL 33411**

Mailing Address  
**1488 BREAKERS WEST BOULEVARD  
WEST PALM BEACH FL 33411-1847**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0740567</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>HADDEN, WILLIAM B 1488 BREAKERS WEST BOULEVARD WEST PALM BEACH FL 33411</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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	<b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>HADDEN, WILLIAM B</b>	STREET ADDRESS	
NAME	<b>1488 BREAKERS WEST BOULEVARD</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>WEST PALM BEACH FL 33411</b>		
CITY - ST - ZIP			
DOCUMENT #	<b>HADDEN, LOUISE F</b>	STREET ADDRESS	<b>600003114616--4</b>
NAME	<b>1488 BREAKERS WEST BOULEVARD</b>	CITY - ST - ZIP	<b>-01/28/00--01066--004</b>
STREET ADDRESS	<b>WEST PALM BEACH FL 33411</b>		<b>***158.75 ***158.75</b>
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William B Hadden*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**WILLIAM B. HADDEN**

Date: **1/15/00** Daytime Phone #: **561-7904689**