

2001 UNIFORM BUSINESS REPORT (UBR)

000775 AF

DOCUMENT # **A97000002205**

1. Entity Name

SHOELESS PARTNERS, LTD.

FILED

01 MAY -2 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2 EAST CAMINO REAL BOCA RATON FL 33432	Mailing Address 2 EAST CAMINO REAL BOCA RATON FL 33432
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0788130	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHOELESS JOE, INC.
2 EAST CAMINO REAL
BOCA RATON FL 33432**

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. (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$780,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	P97000087998
NAME	SHOELESS JOE, INC.
STREET ADDRESS	2 EAST CAMINO REAL
CITY-ST-ZIP	BOCA RATON FL 33432
DOCUMENT #	F95000005779
NAME	LUBAR CORPORATION
STREET ADDRESS	8411 PRESTON ROAD, SUITE 860, I.B. 28
CITY-ST-ZIP	DALLAS TX 75225

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	900004302723-2
STREET ADDRESS	05/23/01 01092-025
CITY-ST-ZIP	***526.25 ***526.25

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: _____ **DATE REQUIRED:** **4/24/01** **501 417-4805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)