

2002 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

02 APR 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000002205

1. Entity Name **SHOELESS PARTNERS, LTD.**

Principal Place of Business **2 EAST CAMINO REAL
BOCA RATON FL 33432**

Mailing Address **2 EAST CAMINO REAL
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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**

**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
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	
STREET ADDRESS	200005361612--2
CITY-ST-ZIP	-04/29/02--01010--019
STREET ADDRESS	*****526.25 *****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Joseph Jackson* **SIGNATURE REQUIRED** **Joseph Jackson** **4/16/02** **561.417.4805**

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

CR2E003 (9/01)