

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002710

1. Entity Name

NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:46



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2228 ORIOLE DRIVE
SARASOTA FL 34239-3731

Mailing Address
2228 ORIOLE DRIVE
SARASOTA FL 34239-3731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-6253593**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEGEL, NORMAN
2228 ORIOLE DRIVE
SARASOTA FL 34239**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$300,000.00**

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

**SIEGEL, NORMAN
2228 ORIOLE DRIVE
SARASOTA FL 34233**

STREET ADDRESS
CITY - ST - ZIP

**400003142754--1
-02/22/00--01047--004
****526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

**SIEGEL, RUTH LILA
2228 ORIOLE DRIVE
SARASOTA FL 34233**

STREET ADDRESS
CITY - ST - ZIP

[Handwritten Signature]

DOCUMENT #
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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: *[Handwritten Signature]* **SIEGEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-27-00 941 955 1483
Date Daytime Phone #