

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015883 AT

DOCUMENT # A97000002710

1. Entity Name
NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP



FILED

03 APR -1 AM 10:48



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.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-6253593**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norman Siegel* **NORMAN SIEGEL** 3.26.03 DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA FL 34239
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SIEGEL, RUTH LILA 2228 ORIOLE DRIVE SARASOTA FL 34239
DOCUMENT # 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	34239
STREET ADDRESS	
CITY-ST-ZIP	34239
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800015031298 04/01/03--01055--007 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	THOMAS

CR2E003 (10/02)

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: *Norman Siegel* **NORMAN SIEGEL** 3.26.03 941.955.1483 DATE Daytime Phone #