

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000463

1. Entity Name

CARVER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

840 JUPITER PARK DRIVE, SUITE 107  
JUPITER FL 33458

Mailing Address

840 JUPITER PARK DRIVE, SUITE 107  
JUPITER FL 33458-8947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0814932

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARVER, DAVID RAY  
840 JUPITER PARK DRIVE, SUITE 102  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name CARVER, DONALD RAY

Street Address (P.O. Box Number is Not Acceptable)

840 Jupiter Park Drive, Suite 102

City Jupiter FL Zip Code 33458

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. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$1,500,000.00

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 # P96000042129  
NAME CARVER FAMILY INVESTMENTS, INC.  
STREET ADDRESS 840 JUPITER PARK DRIVE, SUITE 107  
CITY - ST - ZIP JUPITER FL 33458

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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:

*Donald Ray Carver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
DONALD RAY CARVER

Date

Daytime Phone #

1-31-00

561-747-6637

FILED

00 FEB -3 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE