

2002 UNIFORM BUSINESS REPORT (UBR)

0020987 SP

DOCUMENT # A99000001282

1. Entity Name
HALE FAMILY 1999 LIMITED PARTNERSHIP

FILED
02 APR 30 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9250 US ROUTE 1
WABASSO FL 32970

Mailing Address
9250 US ROUTE 1
WABASSO FL 32970

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
P.O. Box 700217
Suite, Apt. #, etc.
City & State
WABASSO, FL
Zip
32970
Country
INDIAN RIVER

DUE BY MAY 1, 2002

4. FEI Number 65-0944141
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33402-3475

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. **\$2,000,000.00**

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 #	P99000056301	STREET ADDRESS	
NAME	M&S HALE, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 700217		
CITY-ST-ZIP	WABASSO FL 32970		
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NAME		CITY-ST-ZIP	
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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: SIGNATURE REQUIRED STEPHEN C. HALE, JR for M&S 4/26/02 (772) 589-4334

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

CR2E003 (9/01)