

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001274

1. Entity Name

DRISCOLL FAMILY LIMITED PARTNERSHIP

FILED

00 JAN 19 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6170 MULLIN STREET  
PALM BEACH GARDENS FL 33418-6676

Mailing Address

6170 MULLIN STREET  
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

6170 MULLIN STREET  
Suite, Apt. #, etc.

3. Mailing Address

6170 MULLIN STREET  
Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

65-0677893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, THOMAS V  
6170 MULLIN STREET  
PALM BEACH GARDENS FL 33418-6676

7. Name and Address of New Registered Agent

Name

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

6170 MULLIN STREET

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)

01/13/2000

DATE

9. Capital Contributions  
as Shown on record.

\$40,000.00

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 # P98000024883  
NAME DRISCOLL FAMILY INVESTMENTS, INC.  
STREET ADDRESS 6170 MULLIN STREET  
CITY - ST - ZIP PALM BEACH GARDENS FL 33418-6676

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

6170 MULLIN STREET

CITY - ST - ZIP

JUPITER, FL 33458

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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\*\*\*368.75 \*\*\*368.75

*[Signature]*

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS DRISCOLL, PRESIDENT

01/13/2000 (561) 575-6748

Date

Daytime Phone #