

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000001990**  
 1. Entity Name  
**THE BERRIE FAMILY LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 29 AM 10:41



Principal Place of Business  
 14745 DRAFT HORSE LANE  
 WELLINGTON FL 33414-1008

Mailing Address  
 14745 DRAFT HORSE LANE  
 WELLINGTON FL 33414-1008

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE  
 65-0719985  
 65-0719985 (671985)

4. FEI Number 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  
**BERRIE FAMILY CORP.**  
 14745 DRAFT HORSE LANE  
 WELLINGTON FL 33414

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,958,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,958,000.00**

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 #	P96000088175
NAME	BERRIE FAMILY CORP.
STREET ADDRESS	14745 DRAFT HORSE LANE
CITY - ST - ZIP	WEST PALM BEACH FL 33414
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	180003169411-3 -03/14/00--01102--004 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
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: *M. J. Berrie* **REQUIRE** *BERRIE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)