

# 2001 UNIFORM BUSINESS REPORT (UBR)

000402 AF

**DOCUMENT # A92000000160**

1. Entity Name  
**WINDRIDGE FAMILY INVESTMENTS, LTD.**

FILED

01 MAR 30 PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **801 SEABREEZE BLVD. FORT LAUDERDALE FL 33316**

Mailing Address: **2100 SALZEDO STREET, SUITE 303 CORAL GABLES FL 33134-4323**



**MJH** DO NOT WRITE IN THIS SPACE

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

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0477944** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LOWENSTEIN, ELLIOT  
2100 SALZEDO STREET, #303  
CORAL GABLES FL 33134-4323**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$12.00**

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 #	
NAME	<b>WINDRIDGE, FREDERICK</b> <i>Deceased</i>
STREET ADDRESS	<b>2 ISLA BAHIA TERRACE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE BEACH FL 33416</b>
DOCUMENT #	
NAME	<b>WINDRIDGE, KATHLEEN</b>
STREET ADDRESS	<b>2 ISLA BAHIA TERRACE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE BEACH FL 33416</b>
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	<i>Deceased</i>
CITY-ST-ZIP	
STREET ADDRESS	<i>FF #141.25</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800003959038-7</b>
CITY-ST-ZIP	<b>-04/04/01--01005--021</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2/6/01** Daytime Phone #: \_\_\_\_\_

CR2E003 (1/1/00)