

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001612 AV

**DOCUMENT # A92000000160**

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

**FILED**

02 JUN 19 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**



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

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

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

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

**DUE BY MAY 1, 2002**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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 STREET ADDRESS CITY-ST-ZIP	<b>WINDRIDGE, KATHLEEN 801 SEA BREEZE BLVD. FORT LAUDERDALE BEACH FL 33316</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>100005910231--8 -06/21/02--01072--006 ****141.25 ****141.25</b>
STREET ADDRESS CITY-ST-ZIP	<b>100005910231--8 -06/21/02--01072--007 *****12.00 *****12.00</b>
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 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 REQUIRED** \_\_\_\_\_ **4/4/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CPRE003 (9/01)