

2002 UNIFORM BUSINESS REPORT (UBR)

0001612 AV

DOCUMENT # **A92000000160**

1. Entity Name
WINDRIDGE FAMILY INVESTMENTS, LTD.

FILED

02 JUN 19 PM 2:17

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

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MM



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

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

City & State

DUE BY MAY 1, 2002

City & State

4. FEI Number **65-0477944**

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOWENSTEIN, ELLIOT
2100 SALZEDO STREET, #303
CORAL GABLES FL 33134-4323**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	WINDRIDGE, KATHLEEN
NAME	801 SEA BREEZE BLVD.
STREET ADDRESS	FORT LAUDERDALE BEACH FL 33316
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	100005910231--8
STREET ADDRESS	-06/21/02--01072--006
CITY-ST-ZIP	****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	100005910231--8
STREET ADDRESS	-06/21/02--01072--007
CITY-ST-ZIP	*****12.00 *****12.00
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** *[Signature]* **4/4/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CP2E003 (9/01)