

# 2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A00000000344**

1. Entity Name  
**M.P. SCHWEITZER FAMILY LIMITED PARTNERSHIP**

**FILED**  
**Jul 06, 2001 8:00 A.M.**  
**Secretary of State**

Principal Place of Business <b>P.O. BOX 8552 CORAL SPRINGS FL 33460</b>	Mailing Address <b>P.O. BOX 8552 CORAL SPRINGS FL 33460</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY SEPTEMBER 26, 2001**

4. FEL Number **65-0981265**

Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHWEITZER, PETER J**  
**~~2521 NORTH DIXIE HIGHWAY~~**  
**~~LAKE WORTH FL 33460~~**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4982 W. ATLANTIC BLVD**

City **MARLBATE** FL Zip Code **33063**

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. **\$3,000,000.00**

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 #	<b>P00000020162</b>
NAME	<b>M.P. SCHWEITZER INVESTMENTS, INC.</b>
STREET ADDRESS	<b>P.O. BOX 8552</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33460</b>
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	
STREET ADDRESS	<b>100004484141--B</b>
CITY-ST-ZIP	<b>-07/18/01--01029--025</b> <b>****541.25 ****541.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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 19.07(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** *Peter J. Schweitzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)