

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A000000000569**

1. Entity Name **Harmon Family Partnership, LTD.**

FILED

02 JUN 25 PM 4:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 Grace Isle Drive

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

MJH

DUE BY MAY 1

Suite, Apt. #, etc.

Apt # 510

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Zip

33133

Country

USA

Zip

Country

4. FEI Number

65-0998823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James R. Slato Esq.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

Suite 3000

City

Miami

FL

Zip Code

33133

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, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

as Shown on record.

2000000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$2,000,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

Harold Harmon Revocable Trust

2 Grace Isle, # 510

Coconut Grove, FL 33133

STREET ADDRESS

CITY - ST - ZIP

000005638690-7

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*******88.75 *****88.75**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

Florence Harmon Revocable Trust

2 Grace Isle, # 510

Coconut Grove, FL 33133

STREET ADDRESS

CITY - ST - ZIP

FF \$526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

Mark P. Harmon

25 Crescent Street, #735

Waltham, MA 02453

STREET ADDRESS

CITY - ST - ZIP

DO NOT WRITE

IN THIS SPACE

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

Judith Breznick

43 Drumlin Road

Newton, MA 02459

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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*******437.50 *****437.50**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mark P. Harmon

5/17/02

Date

617-558-8411

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE