

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

W8/11

001895 AT

DOCUMENT # A00000000912

1. Entity Name

THE GEORGE C. PECK, SR. FAMILY LIMITED PARTNERSH
IP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 28 PM 12: 21

Principal Place of Business
11907 TURTLE BEACH ROAD
NORTH PALM BEACH FL 33408

Mailing Address
11907 TURTLE BEACH ROAD
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 52-2285801

Applied For

Not Applicable

Zip

Country

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

PROSNER, MICHAEL J
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407

Name

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

City

FL

Zip Code

8. The above named entity
the obligations of regist

Signature, by

Signature, by

Signature, by

SIGNATURE

Signature, by

Signature, by

Signature, by

Michael J. Prosner 6-23-03

DATE

9. Capital Contribution
as Shown on record

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME PECK, GEORGE C SR
STREET ADDRESS 11907 TURTLE BEACH ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME PECK, CATHERINE M
STREET ADDRESS 11907 TURTLE BEACH ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-23-03

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE