

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001038**

1. Entity Name

SANGER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**208 S.E. 9TH STREET
FT. LAUDERDALE FL 33316**

Mailing Address

**208 S.E. 9TH STREET
FT. LAUDERDALE FL 33316**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 AM 10:03



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number
65-1025925

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

SANGER, REGGIE D

208 S.E. 9TH STREET

FT. LAUDERDALE FL 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$100,000.00

as Shown on record.

10. Amount of Capital Contributions

in FLORIDA to date.

\$102,343

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 # **L00000007514**
NAME **R.D. SANGER, L.L.C.**
STREET ADDRESS **208 S.E. 9TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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.

REGGIE D. SANGER, MGR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

954-463-8547

CR2E003 (5/01)