

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001315

1. Entity Name

ZIMMERMAN FAMILY PARTNERS, LTD.

FILED

02 APR 11 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1708 VENEZIA WAY  
NAPLES FL 34105

Mailing Address

1708 VENEZIA WAY  
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1039012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW, LESTER B ESQ.

5811 PELICAN BAY BLVD., SUITE 600

NAPLES FL 34108

Name

RICHARD S. FRANKLIN, ESQ.

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

c/o STEEL HECTOR & DAVIS LLP

3003 Tamiami Trail N., Suite-300

Naples

FL

34103

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.

Richard S. Franklin, Esq.

DATE

3-14-02

9. Capital Contributions  
as Shown on record.

\$10,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000079780  
NAME ZIMMERMAN PARTNERS, INC.  
STREET ADDRESS 1708 VENEZIA WAY  
CITY-ST-ZIP NAPLES FL 34105

STREET ADDRESS

CITY-ST-ZIP

700005289927--8

04/17/02-01065-018

\*\*\*\*\*88.75 \*\*\*\*\*88.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005289932--3

04/17/02-01065-019

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)