

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000001331**

1. Entity Name

HMS FAMILY PARTNERSHIP, LTD.

FILED

02 MAR -7 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321**

Mailing Address
**5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
65-1028420

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

**CASSANDRA ENTERPRISES, LLC
5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321**

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.

DATE

9. Capital Contributions as Shown on record. **\$3,428,668.40**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CASSANDRA ENTERPRISES, LLC
5701 NORTH PINE ISLAND ROAD, SUITE 200
TAMARAC FL 33321**

STREET ADDRESS

CITY-ST-ZIP

8000005108298--2

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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)

0011222 AT

STAPLE CHECK HERE