

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001358

1. Entity Name  
INTRACOASTAL WATERWAY PARTNERS, LTD.



Principal Place of Business  
900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH FL 33409

Mailing Address  
900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH FL 33409

**FILED**  
03 MAY -9 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-1037679

Applied For

Not Applicable

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

VIGOA, MIRTO  
900 OSCEOLA DR  
SUITE 222  
WEST PALM BEACH FL 33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$4,000.00

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 # P00000078206  
NAME INTRACOASTAL ADMINISTRATION INC  
STREET ADDRESS 900 OSCEOLA DR STE 222  
CITY-ST-ZIP WEST PALM BEACH FL 33409

STREET ADDRESS

CITY-ST-ZIP

700018686147  
05/09/03--01108--004 \*\*141.25

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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: X

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KAREN HOOVER, 1/24/03, (561) 683-1211

Date

Daytime Phone #

CR2E003 (10/02)

001851 AT

STAPLE CHECK HERE