

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004276 AF

DOCUMENT # A00000001796

1. Entity Name

THE INDIAN ANCESTRAL TRUST FAMILY LIMITED PARTNE

FILED  
01 APR 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

999 PONCE DE LEON BLVD., SUITE S-500  
CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD., SUITE S-500  
CORAL GABLES FL 33134

2. Principal Place of Business

1835 W. FLAGLER ST.

Suite, Apt. #, etc.

SUITE 200

3. Mailing Address

1835 W. FLAGLER ST.

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1047310

Applied For

Not Applicable

Zip

33135

Country

U.S.

Zip

33135

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, OSCAR J

999 PONCE DE LEON BLVD., SUITE S-500  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ESTEVEZ, OSCAR J.

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

1835 West Flagler St Suite 200

City

MIAMI

FL

Zip Code

33135

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 as Shown on record.

\$1,343.00

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

DOCUMENT #  
NAME PINNEY, WILLIAM A  
STREET ADDRESS 999 PONCE DE LEON BLVD., SUITE S-500  
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1835 W. FLAGLER ST. - SUITE 200  
CITY-ST-ZIP MIAMI, FLORIDA 33135

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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

3/29/01

Date

3054900594

Daytime Phone #

CR2E003 (11/00)