

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001901

1. Entity Name

THE POHLMAN FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business

Mailing Address

3741 NE 29th AVE
LIGHTHOUSE PT, FL
33064

3741 NE 29th AVE.
LIGHTHOUSE PT, FL
33064

01 JUN 15 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

05-1061153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stephen K. Pohlman
3741 NE 29th Avenue
Lighthouse Point FL 33064

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

Stephen K. Pohlman

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

(NOTE: Registered Agent signature required when reinstating)

5/3/01

DATE

9. Capital Contributions
as Shown on record.

650,000

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 Stephen K. Pohlman
STREET ADDRESS 3741 NE 29th Avenue
CITY-ST-ZIP Lighthouse Pt, FL 33064

STREET ADDRESS

CITY-ST-ZIP

200004433392--8

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DOCUMENT #
NAME Barbara H. Pohlman
STREET ADDRESS 3741 NE 29th Avenue
CITY-ST-ZIP Lighthouse Pt, FL 33064

STREET ADDRESS

CITY-ST-ZIP

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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:

Stephen K. Pohlman

POHLMAN

5/3/01

954-781-5975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)