

2001 UNIFORM BUSINESS REPORT (UBR)

1082
UNIFORM A1

DOCUMENT # A00000002013

1. Entity Name
HALL FAMILY PARTNERSHIP, LTD.

FILED

01 AUG 13 PM 12:17

Principal Place of Business
~~500 OCEAN DRIVE, W8D~~
JUNO BEACH FL 33408
700 OCEAN ROYALE WAY
APT 1203

Mailing Address
500 OCEAN DRIVE, W8D
JUNO BEACH FL 33408
SAME
←

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
700 OCEAN ROYALE WAY
APT 1203
JUNO BEACH FL
33408
USA

DUE BY SEPTEMBER 26, 2001

4. Fee ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, GORDON B. JR.
~~500 OCEAN DRIVE, W8D~~ 700 OCEAN ROYALE WAY
JUNO BEACH FL 33408
APT 1203

7. Name and Address of New Registered Agent

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 *Gordon B. Hall Jr.* *Gordon B. Hall Jr.* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$9,900.00**

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 #	P00000113450	STREET ADDRESS	700 OCEAN ROYALE WAY APT 1203
NAME	HALL GENERAL CORPORATION	CITY-ST-ZIP	JUNO BEACH FL 33408
STREET ADDRESS	500 OCEAN DRIVE, W8D		
CITY-ST-ZIP	JUNO BEACH FL 33408		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *Gordon B. Hall Jr.* **DATE REQUIRED** 561 694-8396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)