

2002 UNIFORM BUSINESS REPORT (UBR)

000544 A1

DOCUMENT # A00000002014

1. Entity Name

THE JDF FAMILY LIMITED PARTNERSHIP

FILED

2002 APR 29 AM 10:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

1901 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062

Mailing Address

1901 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062

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, 2002

4. FEI Number

65-1064773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WITTE, LARRY F ESQUIRE
201 S.E. 24TH AVENUE
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name JAMES L. DLUZAK

Street Address (P.O. Box Number is Not Acceptable)
1901 N. RIVERSIDE DRIVE

City Pompano Beach FL Zip Code 33062

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.

1-08-02

DATE

9. Capital Contributions
as Shown on record.

\$137,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

137,700.00

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 # L00000015732
NAME ADF ASSOCIATES, L.L.C.
STREET ADDRESS 1901 NORTH RIVERSIDE DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33062

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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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:

JAMES L. DLUZAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-02 954-941-8006

Date

Daytime Phone #

CR2E003 (9/01)