

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000563**

1. Entity Name

**THE SEGALAS LIMITED PARTNERSHIP**

Principal Place of Business

**10625 WITTINGTON AVENUE  
VERO BEACH FL 32963**

Mailing Address

**10625 WITTINGTON AVENUE  
VERO BEACH FL 32963**

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

**65-1095613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**O'HAIRE, MICHAEL**

**3111 CARDINAL DRIVE**

**VERO BEACH FL 32963**

Name

**Press Schone & Co**

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

**500 B. County Blvd, Ste 201**

City

**Farmersdale, NY**

FL

Zip Code

**11735**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

**5 \$250,000.00 AS**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$ 295,000**

**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 # **P00000007119**  
NAME **SEGALAS CORPORATION**  
STREET ADDRESS **10625 WITTINGTON AVENUE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **500006225925--9**  
CITY-ST-ZIP **07/05/02 01060 023**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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: **X Michael Segalas** **9/17/02**

**561-388-9681**