

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016400 AT

DOCUMENT # A01000001203

1. Entity Name

ROBIN GARVIN LIMITED PARTNERSHIP

FILED

02 APR -1 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
CAPSTAN 612. OCEAN VILL. S. HUTCHINSON IS. CAPSTAN 612. OCEAN VILL. S. HUTCHINSON IS.  
2400 SOUTH OCEAN DRIVE 2400 SOUTH OCEAN DRIVE  
FT. PIERCE FL 34949-8090 FT. PIERCE FL 34949-8090

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
109 HILLCREST CT 109 HILLCREST CT.  
City & State City & State  
STUART FL. STUART, FL.  
Zip Country Zip Country  
34996 U.S.A. 34996 U.S.A.

DUE BY MAY 1, 2002

4. FEI Number 65-1146371  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LAURER, E. STEVEN  
3426 OCEAN DRIVE  
VERO BEACH FL 32963

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

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

DATE

9. Capital Contributions as Shown on record. \$442,381.00

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 # P01000086370  
NAME ROBIN GARVIN HOLDINGS, INC.  
STREET ADDRESS 2400 SOUTH OCEAN DRIVE  
CITY-ST-ZIP FT. PIERCE FL 33949-8090

13. ADDRESS CHANGES ONLY

STREET ADDRESS 109 HILLCREST CT.  
CITY-ST-ZIP SEWALLS Pt. FL. 34996

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CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 25, 2002 (772) 463-0078

Date

Daytime Phone #

CR2E003 (9/01)

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