

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1062

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DOCUMENT# A01000001375

1. Entity Name

SCHREMPF FAMILY INVESTMENTS, LTD.

02 SEP 13 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O BKDH ADVISORS, INC.  
299 CAMINO GARDENS BLVD., SUITE 207  
BOCA RATON FL 33432

Mailing Address

C/O BKDH ADVISORS, INC.  
299 CAMINO GARDENS BLVD., SUITE 207  
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

100004558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BKDH ADVISORS, INC.  
299 CAMINO GARDENS BLVD., SUITE 207  
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,000.00

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 # P0100099084  
NAME BKDH ADVISORS, INC.  
STREET ADDRESS 299 CAMINO GARDENS BLVD., SUITE 207  
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

9-3-02 310-347-5702

CR2E003 (4/02)

2062

9-3-00

To whom it may concern:

My attorney has advised me that the original notice was misdelivered and never received. A copy of his letter requesting waiver of the late fee is attached. In order to expedite filing, the report and the original fee are enclosed.

David M. Huff  
AO10000001375