

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000745

1. Entity Name  
COLELLA FAMILY HOLDINGS LIMITED PARTNERSHIP



Principal Place of Business  
6040 VIA VENETIA SOUTH  
DELRAY BEACH FL 33484

Mailing Address  
6040 VIA VENETIA SOUTH  
DELRAY BEACH FL 33484

FILED  
03 MAY -5 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

61-1416889

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FESSLER, ADRIANA  
6040 VIA VENETIA SOUTH  
DELRAY BEACH FL 33484

Name

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

200015322697  
04/04/03--01065--013 \*\*526.25

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.

\$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

7500.00

11. MAKE CHECK PAYABLE TO FL. 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COLELLA, ANTONIO TRUSTEE  
6040 VIA VENETIA SOUTH  
DELRAY BEACH FL 33484

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FESSLER, ADRIANA  
6040 VIA VENETIA SOUTH  
DELRAY BEACH FL 33484

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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: *Adriana Fessler, General Partner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/03

Date

(561) 496-4404

Daytime Phone #

CR2E003 (10/02)

0012858 AT

STAPLE CHECK HERE