

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001332

1. Entity Name
HARLEY OFFICE FAMILY LIMITED PARTNERSHIP, LLP



FILED

2003 JUL 24 AM 8:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
6767 N. WICKHAM ROAD
SUITE 500
MELBOURNE FL 32940

Mailing Address
6767 N. WICKHAM ROAD
SUITE 500
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

56 2301269

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

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

Name ~~Robert M. Rush~~
Street Address (P.O. Box Number is Not Acceptable)
~~6767 N. Wickham Road, Suite 500~~
~~Melbourne~~
City ~~FL~~ Zip Code ~~32940~~

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.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

35,244.00

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 BUESCHER, HOWARD
STREET ADDRESS 6767 N. WICKHAM ROAD, SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME BUESCHER, MERCEDES
STREET ADDRESS 6767 N. WICKHAM ROAD, SUITE 500
CITY-ST-ZIP MELBOURNE FL 32940

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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

Howard Buescher

4/29/03 321-259-6972

Daytime Phone #

CR2E003 (10/02)

0008769 AT

STAPLE CHECK HERE