

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001719

1. Entity Name  
980 ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business  
980 NORTH FEDERAL HIGHWAY STE. 400  
BOCA RATON, FL 33432

Mailing Address  
980 NORTH FEDERAL HIGHWAY STE. 400  
BOCA RATON, FL 33432

FILED  
03 APR 30 AM 5:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/30



2. Principal Place of Business

3. Mailing Address

DOE BY MAY 14, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2518252

☒ Applied For  
☐ Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DICKENSON, DAVID B  
980 NORTH FEDERAL HIGHWAY STE. 400  
BOCA RATON, FL 33432

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. 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. \$1,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

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

COMPARATO, ANTHONY J  
980 NORTH FEDERAL HIGHWAY STE. 400  
BOCA RATON, FL 33432

STREET ADDRESS

CITY-ST-ZIP

900017344269  
04/30/03-01011-006 \*\*141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

COMPARATO, ROBERT  
980 NORTH FEDERAL HIGHWAY STE. 400  
BOCA RATON, FL 33432

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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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)(l), 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

Anthony Comparato

4-21-03

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)