

2001 UNIFORM BUSINESS REPORT (UBR)

0012210 AF

DOCUMENT # A17842

1. Entity Name

GARY WAKSTEIN FAMILY LIMITED PARTNERSHIP

FILED

mf

Principal Place of Business

1605 WALOO LANE
P O BOX 27302
PANAMA CITY BEACH FL 32411

Mailing Address

4412 DELWOOD LANE
PANAMA CITY FL 32408

01 FEB -1 AM 11:43

SECRETARY OF STATE
TALLAHASSEE,



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~1605 Waloo Lane~~

3. Mailing Address

204 A Ellen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Beach, FL

4. FEI Number

59-2438156

Applied For

Not Applicable

Zip

Country

Zip

Country

32408-5830

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

WAKSTEIN, GARY

1605 WALOO LANE

PANAMA CITY BEACH FL 32407

Name

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

~~1605 Waloo Lane~~ 119 Grand Heron Dr.

City

Panama City Beach

FL

Zip Code

32407

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$950.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

WAKSTEIN, GARY
1605 WALOO LANE
PANAMA CITY BCH. FL

STREET ADDRESS

CITY - ST - ZIP

204 ELLEN LANE
~~1605 Waloo Lane~~
PANAMA CITY BEACH, FL 32408

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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:

GARY WAKSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-1-01

Date

850-234-6112

Daytime Phone #

CR2E003 (11/00)