

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18191**

1. Entity Name  
**NORTH AMERICAN COMPANY LLLP**



**FILED**

03 MAR 11 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**312 S.E. 17TH STREET, SUITE 300  
FT. LAUDERDALE FL 33316**

Mailing Address  
**312 S.E. 17TH STREET, SUITE 300  
FT. LAUDERDALE FL 33316**

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 **59-2451745**

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

**PALMER, CHARLES L  
312 S.E. 17TH STREET, SUITE 300  
FT. LAUDERDALE FL 33316**

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. **\$250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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  
**PALMER, CHARLES L III  
2205 MIDDLE RIVER DR.  
FT. LAUDERDALE FL 33305**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GORE, GEORGE H  
23 MINNETONKA ROAD  
SEA RANCH LAKES FL 33308**

STREET ADDRESS

CITY-ST-ZIP

**500013912135  
03/11/03-01022-008 \*\*\$26.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GORE, ORRIN R  
112 MELROSE DR.  
MONTGOMERY TX 77356**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GORE, MICHAEL J  
7500 E. MCCORMICK PARKWAY, #70  
SCOTTSDALE AZ 85258**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GORE, RICHARD S  
4131 N.E. 29TH AVENUE  
FORT LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ENOS, JEANNINE K  
6538 SPRING GLADE ROAD  
LOVELAND CO 80538**

STREET ADDRESS

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

Date

Daytime Phone #

CR2E003 (10/02)