

2002 UNIFORM BUSINESS REPORT (UBR)

001946 AT

DOCUMENT # **A18620**

1. Entity Name

THE WINCHESTER FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11

Principal Place of Business

**P. O. DRAWER 1220
BOYNTON BEACH FL 33425**

Mailing Address

**P. O. DRAWER 1220
BOYNTON BEACH FL 33425**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-2477781

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

**WINCHESTER, BILL R.
9290 NICKELS BOULEVARD
BOYNTON BEACH FL 33436**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$606,400.00

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

**WINCHESTER, BILL R.
9290 NICKOLS BLVD.
BOYNTON BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**FINFROCK, M. FRANK
2899 BANYAN BLVD CIRCLE
BOCA RATON FL**

STREET ADDRESS

CITY-ST-ZIP

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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:

M. Frank Finfrock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-23-02

Date

561 994 8006

Daytime Phone #

CP2E003 (9/01)