

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23171**

1. Entity Name

THE LOLA M. HAAS FAMILY PARTNERSHIP LTD.

FILED

00 APR 10 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business 1001 N. US HWY. 1, SUITE 801 JUPITER FL 33477 | Mailing Address 1001 N. US HWY. 1, SUITE 801 JUPITER FL 33477-4482 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. Suite 306 | 3. Mailing Address Suite, Apt. #, etc. Suite 306 |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2770044 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent HUNSTON, W. JAY, JR. 515 N. FLAGLER DRIVE SUITE 1900 WEST PALM BEACH FL 33401 | 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$5,980,000.00 | 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 | J22538 L.M. HAAS MANAGEMENT INC 1001 N. US HWY. ONE, #801 JUPITER FL 33477 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | G00104900317 THE DORISMAE KERNS TRUST 19669 BEACH ROAD, UNIT D JUPITER ISLAND FL 33469 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | G00104900316 NORMA A. GRIFFIN TRUST 1000 N. U.S. HWY, 1, BAHAMA 101 JUPITER FL 33477 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | 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

2-23-00

561-746-1448

Date

Daytime Phone #

CR2E003 (9/99)