

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008411 AF

DOCUMENT # **A23171**

1. Entity Name

**THE LOLA M. HAAS FAMILY PARTNERSHIP LTD.**

**FILED**

01 JAN 16 PM 9:59

Principal Place of Business

1001 N. US HWY. 1. ~~SUITE 306~~  
JUPITER FL 33477

Mailing Address

1001 N. US HWY. 1. ~~SUITE 306~~  
JUPITER FL 33477

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 306**

Suite, Apt. #, etc.

**SUITE 306**

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-2770044**

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

**HUNSTON, W. JAY, JR.**

**515 N. FLAGLER DRIVE**

**SUITE 1900**

**WEST PALM BEACH FL 33401**

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.

(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 # **J22538**  
NAME **L.M. HAAS MANAGEMENT INC**  
STREET ADDRESS **1001 N. US HWY. ONE, ~~788F~~**  
CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS

CITY-ST-ZIP

**#306**

DOCUMENT # **G00104900317**  
NAME **DORISMAE KERNS TRUST OF 1986**  
STREET ADDRESS **19669 BEACH ROAD, UNIT D**  
CITY-ST-ZIP **JUPITER ISLAND FL 33469**

STREET ADDRESS

CITY-ST-ZIP

**200003591112--0**

DOCUMENT # **G00104900316**  
NAME **NORMA A. GRIFFIN TRUST OF 1986**  
STREET ADDRESS **1000 N. U.S. HWY, 1, BAHAMA 101**  
CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS

CITY-ST-ZIP

**-01/30/01--01003--023**

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DOCUMENT #  
NAME  
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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:

**KENNETH F. KOLAR, PRES**  
**REMCOR MANAGEMENT, INC.**

**1/11/01**

**561/746-1448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (1/1/00)