

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

DOCUMENT # A23833

1. Entity Name

AMERICAN PARKS, A CALIFORNIA LIMITED PARTNERSHIP



03 APR -4 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2440 SE Federal Hwy #600

3. Mailing Address

P.O. Box 359

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34995

Country

USA

4. FEI Number

95-3433132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sharff, Burton G.

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

2315 S. Congress Ave.

W. Palm Beach, FL 33406

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.

\$1,951,280

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GARRIS, Stanley R.  
2440 SE Federal Hwy #600  
Stuart, FL 34994

STREET ADDRESS

CITY-ST-ZIP

100015322321

04/04/03 01065-001 \$526.25

04/04/03 01065-001

\$26.25

DOCUMENT #  
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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:

*Stanley R. Garriss*

2/22/03

772-287-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)