

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017806 AF

DOCUMENT # **A24018**

1. Entity Name

**DANIEL, DANIEL AND DANIEL, LIMITED PARTNERSHIP**

Principal Place of Business

**5500 MACARTHUR BLVD., N.W.  
WASHINGTON DC 20016**

Mailing Address

**5500 MACARTHUR BLVD., N.W.  
WASHINGTON DC 20016**

**FILED**  
**01 JAN 25 AM 11:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-6032489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DETTOR, LEE DANIEL  
2432 N.E. 26TH TERRACE  
FT. LAUDERDALE FL 33305**

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.

**\$396,839.47**

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 **DANIEL, CUSHING III**  
STREET ADDRESS **8610 FALLS RD**  
CITY-ST-ZIP **POTOMAC MD 20854**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **DANIEL, CLARKE**  
STREET ADDRESS **4533 NORTH 32ND ROAD**  
CITY-ST-ZIP **ARLINGTON VA 22207**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **DANIEL, RALEIGH**  
STREET ADDRESS **2666 CHAIN BRIDGE RD NW**  
CITY-ST-ZIP **WASHINGTON DC 20016**

STREET ADDRESS

CITY-ST-ZIP

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**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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 CUSHING DANIEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)