

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

02 APR 25 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003569 AV



DOCUMENT # A29006

1. Entity Name

THE HAGGERTY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

101 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

Mailing Address

101 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

2. Principal Place of Business

2675 Ocean Dr

3. Mailing Address

2675 Ocean Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

32963 Indian River

Zip

Country

32963 Indian River

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGGERTY, GLENN R., SR.  
101 NORTH FEDERAL HIGHWAY  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Haggerty Glenn R. Sr

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

2675 Ocean Dr

City

Vero Beach

FL

Zip Code

32963

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

*Glenn R. Haggerty*

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

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

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.

\$158.75

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME HAGGERTY, PATRICIA B.  
STREET ADDRESS 2675 OCEAN DRIVE  
CITY-ST-ZIP VERO BEACH FL 32963

STREET ADDRESS  
CITY-ST-ZIP 700005450287--0  
-05/03/02--01064--006  
\*\*\*\*158.75 \*\*\*\*158.75

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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:

*Patricia B. Haggerty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)