

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31889

1. Entity Name

THE STORCH FAMILY LIMITED PARTNERSHIP

Principal Place of Business

10001 VESTAL PLACE
CORAL SPRINGS FL 33071

Mailing Address

10001 VESTAL PLACE
CORAL SPRINGS FL 33071-5827

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25



2. Principal Place of Business

6453 NW 110 AVE

3. Mailing Address

6453 NW 110 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PARKLAND FL

City & State

PARKLAND FL

4. FEI Number

65-0278064

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

RITTER, GREGORY J., ESQUIRE
C/O SHERMAN, WALDMAN, ET AL
700 WEST PALMETTO PARK ROAD, SUITE 409
BOCA RATON FL 33433

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.

\$400,200.00

10. Amount of Capital Contributions in FLORIDA to date.

NIL

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

STORCH, ALAN E.
10001 VESTAL PLACE
CORAL SPRINGS FL

STREET ADDRESS

CITY - ST - ZIP

6453 NW 110 AVE
PARKLAND FL 33076

DOCUMENT #
NAME
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)