

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32208**

1. Entity Name

**G. TERRENCE SECURITIES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 15 PM 4:07

Principal Place of Business

**4318 S.E. SCOTLAND CAY WAY  
STUART FL 34997-8281**

Mailing Address

**4318 S.E. SCOTLAND CAY WAY  
STUART FL 34997-8281**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0287745**

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

**SULLIVAN, G. TERRENCE  
4318 S.E. SCOTLAND CAY WAY  
STUART FL 34997-8281**

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

*G. Terrence Sullivan*

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

**1-12-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,500,000.00**

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SULLIVAN, G. TERRENCE  
4318 S.E. SCOTLAND CAY WAY  
STUART FL 34997-8281**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**SULLIVAN, JEANINE A.  
4318 S.E. SCOTLAND CAY WAY  
STUART FL 34997-8281**

STREET ADDRESS

CITY-ST-ZIP

**700004788297--5**

**01/22/02 01000 014**

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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:

*G. Terrence Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-12-02 1-561-287-2687**

Date

Daytime Phone #

CR2E003 (9/01)