

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008900 AT

DOCUMENT # **A32740**



1. Entity Name
THE VEROLA FAMILY LIMITED PARTNERSHIP

FILED
03 APR 16 AM 7:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**135 ANCHOR DR
VERO BEACH FL 32963**

Mailing Address
**135 ANCHOR DR
VERO BEACH FL 32963**



2. Principal Place of Business

3. Mailing Address

4/10

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0333949**

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

**VEROLA, MARINA E.
135 ANCHOR DR
VERO BEACH FL 32963**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$98,010.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000085409 ANCHOR GROUP USA, INC. 135 ANCHOR DRIVE VERO BEACH FL 32963
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STREET ADDRESS	
CITY-ST-ZIP	200016082962
STREET ADDRESS	04/16/03--01004--011 **526.25
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CR2E003 (10/02)

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

3/10/03 (772) 2319793
Date Daytime Phone #