

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000037

1. Entity Name

HAYS FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 20 PM 2:15

Principal Place of Business

Mailing Address

2627 N. Atlantic Blvd.

2627 N. Atlantic Blvd.

Fort Lauderdale, FL 33308

Ft. Laud., FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0362202

Applied For

Not Applicable

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

Ella B. Hays

2627 N. Atlantic Blvd.

Fort Lauderdale, FL 33308

Name

Martha Sweitzer, Guardian for Ella B.

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

2627 N. Atlantic Blvd.

City

Fort Lauderdale

FL

Zip Code

33308

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.

Martha Sweitzer, Guardian for Ella B. Hays

SIGNATURE

Martha Sweitzer, Guardian for Ella B. Hays, January 17, 2000

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. \$686,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO OFFICE OF  
SEE REVERSE SIDE FOR FEE

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 Ella B. Hays  
STREET ADDRESS 2627 N. Atlantic Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33308

STREET ADDRESS 000003115160--8  
CITY-ST-ZIP 01/28/00 01098 015  
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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: Martha Sweitzer, Guardian for Ella B. Hays  
Martha Sweitzer, Guardian for Ella B. Hays 01-17-00 (954) 467-1010  
Signature and typed or printed name of signing general partner Date Daytime Phone #