

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000096**

1. Entity Name

JEFFREY S. SCHOTTLAND FAMILY LIMITED PARTNERSHIP

Principal Place of Business

6483 VIA ROSA
BOCA RATON FL 33433

Mailing Address

6483 VIA ROSA
BOCA RATON FL 33433-6420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0375422**

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

**PHETERSON, JEFFREY I
400 SOUTH DIXIE HIGHWAY
SUITE 420
BOCA RATON FL 33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$445,983.30**

10. Amount of Capital Contributions in FLORIDA to date. **186,974.83**

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 **SCHOTTLAND, JEFFREY S**
STREET ADDRESS **6483 VIA ROSA**
CITY - ST - ZIP **BOCA RATON FL 33433**

STREET ADDRESS
CITY - ST - ZIP

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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: *Jeffrey S. Schottland* **JEFFREY S. SCHOTTLAND** Date 3/18/00 Daytime Phone # 561-637-2900

CR2E003 (9/99)