

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000002

1. Entity Name

THE CURRY FAMILY PARTNERSHIP, LTD.

Principal Place of Business

222 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

222 ROYAL PALM WAY
PALM BEACH FL 33480

2. Principal Place of Business

801 Brickell Avenue

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

Suite #2250

Suite, Apt. #, etc.

Suite #2250

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number

59-3156027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A

227 SOUTH CALHOUN STREET

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

\$1,056,562.50

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

DOCUMENT # 018091
NAME BESSEMER TRUST COMPANY OF FLORIDA
STREET ADDRESS 222 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 801 Brickell Avenue

CITY-ST-ZIP Miami, FL 33131

STREET ADDRESS 100004616401--7

CITY-ST-ZIP -09/28/01--01050--006

CITY-ST-ZIP *****926.25 *****926.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

W. J. N. A. P. REQUIRED

9-20-01

(305) 372-5009

0001000

AT

CR2E003 (5/01)

STAPLE CHECK HERE