

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002159 AB

DOCUMENT # **A93000000596**

1. Entity Name

**LAWRENCE J. SCHOENBERG FAMILY LIMITED PARTNERSHIP**

FILED

02 SEP 24 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 8460  
LONGBOAT KEY FL 34228

PO BOX 8460  
LONGBOAT KEY FL 34228



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number **22-3200760**

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

**SCHOENBERG, LAWRENCE J**  
**415 L'AMBIANCE DRIVE**  
**LONGBOAT KEY FL 34228**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$520,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$10,000**

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 **SCHOENBERG, LAWRENCE J**  
STREET ADDRESS **415 L'AMBIANCE DRIVE**  
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

STREET ADDRESS

CITY-ST-ZIP

**000008112730--0**  
**-10/01/02--01008--010**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**\*\*\*\*526.25 \*\*\*\*526.25**

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**\*\*\*\*400.00 \*\*\*\*400.00**

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**9/8/02 941-383-0842**  
Date Daytime Phone #

CR2E003 (4/02)