

2001 UNIFORM BUSINESS REPORT (UBR)

0004704 AF

DOCUMENT # **A93000001133**

1. Entity Name

THE WILLIAM BRODY FAMILY LIMITED PARTNERSHIP

FILED

01 JAN 26 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% MRS. ALYSON DAAR

7512 JEWEL AVE

NORTH BAY VILLAGE FL 33141

Mailing Address

% MRS. ALYSON DAAR

7512 JEWEL AVE

NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

1400 SOUTH TREASURE DR

3. Mailing Address

1400 SOUTH TREASURE DR

Suite, Apt. #, etc.

NORTH BAY VILLAGE

City & State

FL 33141

Suite, Apt. #, etc.

NORTH BAY VILLAGE

City & State

FL 33141

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAAR, ALYSON

7512 JEWEL AVE.

NORTH BAY VILLAGE FL 33141

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.

\$15,000.00

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

DAAR, ALYSON
7512 JEWEL AVE.
NORTH BAY VILLAGE FL 33141

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

WOLFSON, RESA
7512 JEWEL AVE.
NORTH BAY VILLAGE FL 33141

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

1400 SOUTH TREASURE DR
NORTH BAY VILLAGE FL 33141

STREET ADDRESS

CITY-ST-ZIP

1400 SOUTH TREASURE DR
NORTH BAY VILLAGE, FL 33141

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****193.75 ****193.75

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:

Alyson Daar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-10-01

305-805-0000

CR2E003 (11/00)