

2001 UNIFORM BUSINESS REPORT (UBR)

0013586 AF

DOCUMENT # **A93000001222**

1. Entity Name

KAY SHEA FAMILY INVESTMENT COMPANY, LTD.

FILED
01 APR 30 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4300 N. UNIVERSITY DR., STE. B-102
LAUDERHILL FL 33351**

Mailing Address

**4300 N. UNIVERSITY DR., STE. B-102
LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0448232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSTER, MICHAEL S

4300 N. UNIVERSITY DR., STE. B-102

LAUDERHILL FL 33351

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$125,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

CUSTER, GLENDA K

8447 NW 51ST PLACE

CORAL SPRINGS FL 33067

STREET ADDRESS

CITY - ST - ZIP

**4300 N. UNIVERSITY DR STE. B-102
LAUDERHILL FL. 33351**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

NYC
511
500004221595--9
-05/17/01--01017--018
******526.25 ****526.25**

DOCUMENT #

NAME

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:

GLENDA K CUSTER **4/29/01** **954 572 6006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)