

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001324

1. Entity Name

ANSPACH HOLDINGS, LTD.

FILED

02 MAR 26 PM 3: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4500 RIVERSIDE DRIVE  
PALM GARDENS FL 33410

Mailing Address

4500 RIVERSIDE DRIVE  
PALM GARDENS FL 33410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0453225

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

BEERS, ELAINE K  
4500 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33408-3341

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

DATE

9. Capital Contributions  
as Shown on record.

\$219,000.00

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 # P94000007242  
NAME ANSPACH FIXATION DEVICES, INC.  
STREET ADDRESS 4500 RIVERSIDE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # ~~3000005177483-1~~  
NAME ~~-04/01/02--01007--009~~  
STREET ADDRESS ~~\*\*\*\*385.00 \*\*\*\*385.00~~  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # ~~6000005177486-1~~  
NAME ~~-04/01/02--01007--010~~  
STREET ADDRESS ~~\*\*\*\*141.25 \*\*\*\*141.25~~  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

01-22-02 (561)  
625-9112

CR2E003 (9/01)

0003081 AV