

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 08:00 AM  
Secretary of State

DOCUMENT # A94000000152

1. Entity Name  
NEDIR LIMITED PARTNERSHIP

Principal Place of Business  
2248 SEAGRAPE CIRCLE  
COCONUT CREEK FL 33066

Mailing Address  
P.O. BOX 430  
DRACUT MA 01826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0360052

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

DUCHARME JUNE B  
2248 SEAGRAPE CIRCLE

COCONUT CREEK FL 33066

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 JUNE B. DUCHARME

03/21/2001

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. 100.00

10. Amount of Capital Contributions  
in FLORIDA to date. 100.00

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 ADAMS DENISE A  
STREET ADDRESS 77 GROVE AVENUE  
CITY-ST-ZIP DRACUT MA 01826

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME DUCHARME RICHARD N  
STREET ADDRESS 189 JONES AVENUE  
CITY-ST-ZIP DRACUT MA 01826

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME DUCHARME JUNE B  
STREET ADDRESS 2248 SEAGRAPE CIRCLE  
CITY-ST-ZIP COCONUT CREEK FL 33066

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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: Richard N. Ducharme  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/21/2001

Date

Daytime Phone #

CR2E003 (11/00)