


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000962 AT

DOCUMENT # A94000000552

1. Entity Name
RACK FAMILY INVESTMENTS, LTD.



FILED

03 OCT -2 AM 8:24



Principal Place of Business
**C/O COLONY WEST COUNTRY CLUB
6800 N.W. 88TH AVENUE
TAMARAC FL 33321**

Mailing Address
**C/O COLONY WEST COUNTRY CLUB
6800 N.W. 88TH AVENUE
TAMARAC FL 33321**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip - Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip - Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number **65-0491134**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name **Norman Rack**
Street Address (P.O. Box Number is Not Acceptable)
6800 N.W. 88th Avenue
City **Tamarae** FL Zip Code **32321**

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]* **Norman Rack** DATE **8-13-03**

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 STREET ADDRESS CITY-ST-ZIP	P94000024359 RACK HOLDING CORP. C/O 6800 N.W. 88TH AVENUE TAMARAC FL 33321	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700022618847 10/02/03--01033--008 **400.00
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700022618847 08/27/03--01069--002 **526.25
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME 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: *[Signature]* **Norman Rack** DATE **8-13-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

0000962 (4/03)