

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000623**

1. Entity Name

HAIGHT FAMILY INVESTMENTS, LTD.

FILED

02 MAR 25 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4744 S. OCEAN BLVD #9
BOCA RATON FL 33487-5391**

Mailing Address

**4744 S. OCEAN BLVD #9
BOCA RATON FL 33487-5391**



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

**HAIGHT, CAROL B
4744 S. OCEAN BLVD T.N. 9
BOCA RATON FL 33487**

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.

DATE

9. Capital Contributions
as Shown on record.

\$460,002.00

10. Amount of Capital Contributions
in FLORIDA to date.

— 0 —

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 **HAIGHT, CAROL B**
STREET ADDRESS **4744 S. OCEAN BLVD., T.N. 9**
CITY-ST-ZIP **BOCA RATON FL 33487**

13. ADDRESS CHANGES ONLY

STREET ADDRESS *(Correct to:)* **TH9**
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/2002
Date

(561) 362-9100
Daytime Phone #

0004138 AV

CR2E003 (9/01)

DIAPYLE CHECK HERE