

2002 UNIFORM BUSINESS REPORT (UBR)

0002807 AB

DOCUMENT # A94000001037

1. Entity Name

THE SCHOLBERG FAMILY LIMITED PARTNERSHIP

FILED

2002 AUG 29 AM 11:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

% MALCOLM H. COX

% MALCOLM H. COX

1309 FOUNTAIN

1309 FOUNTAIN

ANN ARBOR MI 48103

ANN ARBOR MI 48103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0508481

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

HALL, RICHARD S CPA
12730 NEW BRITTANY BLVD #408
FT MYERS FL 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$37,500.00

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 COX, DOUGLAS
STREET ADDRESS 494 MORGAN CIRCLE
CITY-ST-ZIP NORTHVILLE MI 48167

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME COX, MALCOLM H
STREET ADDRESS 1309 FOUNTAIN
CITY-ST-ZIP ANN ARBOR MI 48103

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME COX, ROBERT B
STREET ADDRESS 801 W COON LAKE ROAD
CITY-ST-ZIP HOWELL MI 48843

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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:

MALCOLM H. COX 8/23/02 734-769-0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)