

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001037

1. Entity Name
THE SCHOLBERG FAMILY LIMITED PARTNERSHIP



Principal Place of Business
% MALCOLM H. COX
1309 FOUNTAIN
ANN ARBOR MI 48103

Mailing Address
% MALCOLM H. COX
1309 FOUNTAIN
ANN ARBOR MI 48103

FILED
03 APR -7 AM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

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 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
COX, DOUGLAS
494 MORGAN CIRCLE
NORTHVILLE MI 48167

STREET ADDRESS

CITY-ST-ZIP

400015435744

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

STREET ADDRESS

CITY-ST-ZIP

04/07/03--01067--005 **351.25

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

STREET ADDRESS

CITY-ST-ZIP

RK

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NAME
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:

MALCOLM H. COX MALCOLM H. COX 3/29/03 (734) 769-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0018322 AB

CR2E003 (10/02)