

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # A94000001155

1. Entity Name

IRELAND FAMILY LIMITED PARTNERSHIP

02 JUN 12 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3232 CALLE LARGO
HOLLYWOOD FL 33021

Mailing Address

3232 CALLE LARGO
HOLLYWOOD FL 33021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0543059

Applied For

Not Applicable

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

GLASSER, GENE K
C/O ABRAMS/ANTON/ROBBINS/RESNICK/SCHNEIDER
2021 TYLER STREET
HOLLYWOOD FL 33022

Name

Street Address (P.O. Box Number is Not Acceptable)

300005766463--0

-06/14/02--01005--009

City

***437.50

***437.50

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.

\$107,800.00

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
STREET ADDRESS
CITY-ST-ZIP
IRELAND, CAROL
3232 CALLE LARGO
HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

437.50 - Up

400.00 - Gra

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS

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88.75 - Adm

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STREET ADDRESS

CITY-ST-ZIP

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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, and I 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

Carol Ireland

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(954) 961-4696

CR2E003 (9/01)