

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001165**

1. Entity Name

CARSON FAMILY, LTD.

Principal Place of Business

**859 E. JEFFERY ST., #407
BOCA RATON FL 33487**

Mailing Address

**859 E. JEFFERY ST., #407
BOCA RATON FL 33487**

FILED

01 APR 20 PM 12:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2593 HAMPTON CIRCLE S.

3. Mailing Address

2593 HAMPTON CIRCLE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

City & State

DELRAY BEACH, FLORIDA

4. FEI Number

65-0514004

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

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

CARSON, NEIL

859 E. JEFFERY ST., #407

BOCA RATON FL 33487

Name

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

2593 HAMPTON CIRCLE SOUTH

City

DELRAY BEACH

FL

Zip Code

33445

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$550,000.00

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

CARSON, NEIL

STREET ADDRESS

859 E. JEFFERY ST., #407

CITY-ST-ZIP

BOCA RATON FL 33487

STREET ADDRESS

2593 HAMPTON CIRCLE SOUTH

CITY-ST-ZIP

DELRAY BEACH, FL 33445

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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:

Neil Carson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-11-01 561-865-2972

Date

Daytime Phone #

0008237

CR2E003 (11/00)