

2001 UNIFORM BUSINESS REPORT (UBR)

1022

DOCUMENT # **A94000001194**

1. Entity Name

EAST COAST FAMILY PARTNERS, LTD.

Principal Place of Business

**4138 SKYWAY DR.
NAPLES FL 34112-2928**

Mailing Address

**4138 SKYWAY DR.
NAPLES FL 34112-2928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 AUG -1 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0527595**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**M & M AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON FL 33431-7343**

7. Name and Address of New Registered Agent

Name **ANDREW BRODY**

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

12340 NE 6TH CT

City **NORTH MIAMI**

FL

Zip Code **33161**

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 **M+M AGENTS, INC.**

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.

\$600,000.00

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

DOCUMENT # **167052**
NAME **EAST COAST REALTY CORP**
STREET ADDRESS **4138 SKYWAY DRIVE**
CITY-ST-ZIP **NAPLES FL 34112-2928**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**600004513816--5
-08/03/01--01032--025
****526.25 ****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: **LINDA C. SIMPSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)