

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001441**

1. Entity Name

HAMILTON FAMILY HOLDINGS, LTD.

FILED

02 JAN 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5070 N. OCEAN BLVD., #17A SOUTH RIVIERA BEACH FL 33404	Mailing Address 5070 N. OCEAN BLVD., #17A SOUTH RIVIERA BEACH FL 33404
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 65-0530599	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMILTON, HARRY S 5070 N. OCEAN BLVD., #17A SOUTH RIVIERA BEACH FL 33404
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7. Name and Address of New Registered Agent	
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.

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

9. Capital Contributions as Shown on record.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P94000065095	STREET ADDRESS	
NAME	HAMILTON FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5070 N. OCEAN BLVD., #17A SOUTH		
CITY-ST-ZIP	RIVIERA BEACH FL 33404		
DOCUMENT #		STREET ADDRESS	
NAME		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: **RE REQUIRED** **1/29/02 (56) 655-3113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

0011683 AT