

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A94000001836**

1. Entity Name  
**MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO. 1**

APPROVED  
AND  
FILED

00 MAR 30 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/7*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**C/O MAXINE H. FORWARD  
3153 WARRINGTON ROAD  
SHAKER HEIGHTS OH 44120**

Mailing Address  
**C/O MAXINE H. FORWARD  
3153 WARRINGTON ROAD  
SHAKER HEIGHTS OH 44120-2428**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **34-1787537**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOWMAN, DAVID G  
BOWMAN, GEORGE, SCHEB, TOALE & ROBINSON  
22 SOUTH TUTTLE AVENUE, SUITE 3  
SARASOTA FL 34237-6395**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$620,469.00**

10. Amount of Capital Contributions in FLORIDA to date. **620469.00**

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 #	<b>FORWARD, MAXINE H 3153 WARRINGTON ROAD SHAKER HEIGHTS OH 44120</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP		STREET ADDRESS	<b>300003204379-7</b>
		CITY - ST - ZIP	<b>-04/11/00--01117--024</b>
			<b>****526.25 ****526.25</b>
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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:** *Maxine H. Forward* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-27-00 216-991-0600**  
Date Daytime Phone #

**MAXINE H. FORWARD**

CR2E003 (9/99)