

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A94000001837

Entity Name

MAXINE H. FORWARD FAMILY LIMITED PARTNERSHIP NO. 2

00 MAR 30 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

my 4/17

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 34-1787536 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

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

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

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. \$406,213.00

10. Amount of Capital Contributions in FLORIDA to date. 406213.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FORWARD, MAXINE H  
3153 WARRINGTON ROAD  
SHAKER HEIGHTS OH 44120

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. 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:

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)