

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012630 AT

DOCUMENT # A94000001867

1. Entity Name  
MYERS FAMILY PARTNERSHIP OF PALM BEACH, LTD.



FILED

03 JAN 23 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3044 S. MILITARY TRAIL  
LAKE WORTH FL 33463

Mailing Address  
3044 S. MILITARY TRAIL  
LAKE WORTH FL 33463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0548481

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCDIVITT, JOHN M ESQUIRE  
C/O NASON, GILDAN, ET AL  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH FL 33401

Name: Richard M. Johnston % Gateway INS!  
Street Address (P.O. Box Number is Not Acceptable): 3044 S. Military Tr  
City: Lake Worth FL Zip Code: 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contribution in FLORIDA to date. \$0.00

11. MAKE CHECK PAYABLE TO FL. 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 MYERS, FRANCES B  
STREET ADDRESS 3044 S. MILITARY TRAIL %L.W. MYERS INS.  
CITY-ST-ZIP LAKE WORTH FL 33463

STREET ADDRESS

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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-7-03 561-964-9190

Ext 109

CR2E003 (10/02)