

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000060**

1. Entity Name
SCHMIDT FAMILY LIMITED PARTNERSHIP

FILED

01 AUG 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009**

Mailing Address
**400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

DUE BY SEPTEMBER 26, 2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0540094**

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

**SCHMIDT, GEORGE H. JR.
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009**

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 **\$842,442.14**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCHMIDT, VIVIAN E
1140 POLK ST.
HOLLYWOOD FL 33019**

STREET ADDRESS
CITY-ST-ZIP
**200004562042 5
-08/29/01--01108--015
****526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCHMIDT, GEORGE H
27 JAMES COURT
PORT CHESTER NY 10573**

STREET ADDRESS
CITY-ST-ZIP

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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: **George H. Schmidt, Jr.** *George H. Schmidt, Jr.* **7/28/01** **516 572 3293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0000418 AI

CP2E003 (5/01)

STAPLE CHECK HERE