

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000191

1. Entity Name

STEPHEN M. SAVAGE FAMILY LIMITED PARTNERSHIP

FILCO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business

7220 MONTRICO DRIVE
BOCA RATON FL 33433

Mailing Address

7220 MONTRICO DRIVE
BOCA RATON FL 33433-6930

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1915339

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

SAVAGE, STEPHEN M
7220 MONTRICO DRIVE
BOCA RATON FL 33433

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. \$250,000.00

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 SAVAGE, STEPHEN M
STREET ADDRESS 7220 MONTRICO DRIVE
CITY - ST - ZIP BOCA RATON FL 33433

STREET ADDRESS

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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: *STEPHEN M SAVAGE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MANAGING GENERAL PARTNER

4/18/2000

Date

5613686080

Daytime Phone #