

2002 UNIFORM BUSINESS REPORT (UBR)

001781 AT

DOCUMENT # **A95000000220**

1. Entity Name

DAVIDOW FAMILY INVESTMENT COMPANY, LTD.

FILED

02 JAN 15 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1591 BREAKERS WEST BLVD.
WEST PALM BEACH FL 33411**

Mailing Address

**1591 BREAKERS WEST BLVD.
WEST PALM BEACH FL 33411**

2. Principal Place of Business

1423 DEVONSHIRE WAY

Suite, Apt. #, etc.

3. Mailing Address

1423 DEVONSHIRE WAY

Suite, Apt. #, etc.



DUE BY MAY 1, 2002

City & State

PALM BEACH GARDENS, FL.

City & State

PALM BEACH GARDENS, FL.

4. FEI Number

65-0627907

Applied For

Not Applicable

Zip

33418

Country

U.S.A.

Zip

33418

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDOW, DANIEL B

1591 BREAKERS WEST BLVD.

WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

DANIEL B. DAVIDOW

Street Address (P.O. Box Number is Not Acceptable)

1423 DEVONSHIRE WAY

PALM BEACH GARDENS

City

FL

Zip Code

33418

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

Daniel B Davidow

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

DATE

1/10/02

9. Capital Contributions
as Shown on record.

\$50,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**DANIEL B. DAVIDOW, AS TRUSTEE
1591 BREAKERS WEST BLVD.
WEST PALM BEACH FL 33411**

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004782425--0

01/17/02 01066 005

******438.75 ****438.75**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Daniel B Davidow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/02

Date

(561) 627-0954

Daytime Phone #

CR2E003 (9/01)