

2001 UNIFORM BUSINESS REPORT (UBR)

0014381 AF

DOCUMENT # A95000000421

1. Entity Name

ALTMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

C/O BROTHWELL
36452 U.S. HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

5318 LINDNER PLACE
NEW PORT RICHEY FL 33652

FILED

01 MAR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

1040 Soundview Drive

Suite, Apt. #, etc.

3. Mailing Address

1040 Soundview Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor FL

City & State

Palm Harbor, FL

4. FEI Number

59-3304084

Applied For

Not Applicable

Zip
34683

Country
USA

Zip
34683

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, ROGER WM.
640 SOUNDVIEW DR.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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.

\$1,600,000.00

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
ALTMAN, ROGER WM.
640 SOUNDVIEW DR.
PALM HARBOR FL 34683

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NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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
Roger Wm Altman

3/28/01
Date

Daytime Phone #

CR2E003 (11/00)