

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000886**

1. Entity Name

THE CARDWELL FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**3341 SW 10 ST.
POMPAÑO BEACH FL 33069**

Mailing Address

**838 W. 13 COURT
RIVIERA BEACH FL 33404-6727**

2. Principal Place of Business

3. Mailing Address

3341 SW 10 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach, FL

Zip

Country

Zip

Country

33069

4. FEI Number

65-0587208

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED
00 FEB 10 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, RONALD T ESQ.

7000 WEST PALMETTO PARK ROAD, SUITE 404

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.

\$170,000.00

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
STREET ADDRESS
CITY - ST - ZIP
**CARDWELL, NANCY R
3341 SW 10 ST.
POMPAÑO BEACH FL 33069**

STREET ADDRESS

CITY - ST - ZIP

000003148290--4

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**CARDWELL, JAMES E
3341 SW 10 ST.
POMPAÑO BEACH FL 33069**

STREET ADDRESS

CITY - ST - ZIP

**02/25/00 01096 022
*****437.50 *****437.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**000003148290--4
-02/25/00--01096--023
*****88.75 *****88.75**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

THURSDAY 2/26/00 954/984-2693

CR2E003 (9/99)