

# 2002 UNIFORM BUSINESS REPORT (UBR)

001651

DOCUMENT # A95000001060

1. Entity Name

NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LT  
D.

FILED

Mar 06, 2002 8:00 A.M.  
Secretary of State

Principal Place of Business

Mailing Address

% STEVEN WOOD  
2081 E. OCEAN BLVD., 2ND FLOOR  
STUART FL 34996

P.O. BOX 2659  
STUART FL 34996



2. Principal Place of Business 3. Mailing Address

2400 SE Federal Hwy

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593008

Applied For

Not Applicable

Zip

Country

Zip

Country

34994

USA

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

WOOD, STEVEN J ESQ.

% MCCARTHY, SUMMERS, BOBKO, MCKEY

2081 E. OCEAN BLVD., 2ND FLOOR

STUART FL 34996

2400 SE Federal Hwy

Stuart, FL 34994

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.

DATE

9. Capital Contributions  
as Shown on record.

\$3,200,000.00

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 OLAZABAL, NELSON  
STREET ADDRESS 8425 S.W. KANNER HIGHWAY  
CITY-ST-ZIP INDIANTOWN FL 34956

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME OLAZABAL, AGNES  
STREET ADDRESS 8425 S.W. KANNER HIGHWAY  
CITY-ST-ZIP INDIANTOWN FL 34956

STREET ADDRESS

CITY-ST-ZIP

900005064049--0  
-03/07/02--01043--011  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-22-02 772-597-5917

Date

Daytime Phone #

CR2E003 (9/01)