

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001155

1. Entity Name
THE VERZAAL FAMILY LIMITED PARTNERSHIP



FILED
03 FEB 12 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5220 FLAVOR PICT RD.
BOYNTON BEACH FL 33436

Mailing Address
P.O. BOX 6206
DELRAY BEACH FL 33482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0642904

Applied For

Not Applicable

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

VERZAAL, ADRIAN R SR.
960 GARDINIA DRIVE
DELRAY BEACH FL 33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
VERZAAL, ADRIAN R SR.
3150 JASMINE DRIVE
DELRAY BEACH FL 33483

STREET ADDRESS

CITY-ST-ZIP

600012305686
02/11/03--01022--001 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
VERZAAL, DALE C
9569 CALLIANDRA DRIVE
BOYNTON BEACH FL 33436

STREET ADDRESS

CITY-ST-ZIP

600012222828
02/10/03--01101--001 **526.25

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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

2/6/03

561-498-3930

Date

Daytime Phone #

CR2E003 (10/02)