

2002 UNIFORM BUSINESS REPORT (UBR)

0010429 AT

DOCUMENT # A95000001407

1. Entity Name

DROZDOW FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5/29

02 MAY 14 PM 3:37

Principal Place of Business

590 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160

Mailing Address

590 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0655208

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DROZDOW FAMILY GP CORP.
590 GOLDEN BEACH DRIVE
GOLDEN BEACH FL 33160

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.

\$74,468.55

10. Amount of Capital Contributions
in FLORIDA to date.

\$74,468.55

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	DROZDOW, GILBERT
STREET ADDRESS	590 GOLDEN BEACH DRIVE
CITY-ST-ZIP	GOLDEN BEACH FL 33160
DOCUMENT #	P95000072545
NAME	DROZDOW FAMILY GP CORP.
STREET ADDRESS	590 GOLDEN BEACH DRIVE
CITY-ST-ZIP	GOLDEN BEACH FL 33160
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005677074--2
CITY-ST-ZIP	06704702--01030--003
	****526.25 ****526.25
STREET ADDRESS	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/02

Date

305821230

Daytime Phone #

CR2E003 (9/01)