

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001826**

1. Entity Name

**SMITHCON FAMILY INVESTMENTS, LTD.**

FILED

02 JAN 14 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1161 SPANISH RIVER RD.  
BOCA RATON FL 33432

Mailing Address

1161 SPANISH RIVER RD.  
BOCA RATON FL 33432

2. Principal Place of Business

S/A

3. Mailing Address

S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0627511

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$6,569,663.25**

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 # **P95000085960**  
NAME **SMITHCON INVESTMENTS, INC.**  
STREET ADDRESS **1161 SPANISH RIVER ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**689884778776--1**  
**-01/16/02--01075--025**  
**\*\*\*\*535.00 \*\*\*\*535.00**

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CR2E003 (9/01)

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**

*Donna A. Smith Jr.* 1/10/02 954-429-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #