

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000728

1. Entity Name

THE HICKMAN FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 9:00

Principal Place of Business

135 CHILEAN AVENUE  
PALM BEACH FL 33480

Mailing Address

321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480-4019

2. Principal Place of Business

3. Mailing Address

90 STUART J. HAFT, ESQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 431

City & State

City & State

Palm Beach, FL

Zip

Country

Zip

33480

Country

USA

4. FEI Number

65-0681474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ  
C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.  
321 ROYAL POINCIANA PLAZA, SOUTH  
PALM BEACH FL 33480

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$300,000.

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 # P96000037051  
NAME CASSATT ENTERPRISES, INC.  
STREET ADDRESS 135 CHILEAN AVE.  
CITY - ST - ZIP PALM BEACH FL

STREET ADDRESS

800003169198--5

CITY - ST - ZIP

-03/14/00--01089--022

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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 of Minnie C. Hickman*

2/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MINNIE C. HICKMAN, PRES.  
OF CASSATT ENTERPRISES, INC.

Date

Daytime Phone #

CF2E003 (9/99)