

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000795**

1. Entity Name

**THE HARVEY FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**5195 FOXHALL DRIVE NORTH  
WEST PALM BEACH FL 33417**

Mailing Address

**5195 FOXHALL DRIVE NORTH  
WEST PALM BEACH FL 33417-8144**

FILED

00 SEP 28 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**7607 PRESERVE CT**  
Suite, Apt. #, etc.

3. Mailing Address

**7607 PRESERVE CT**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**WEST PALM BCH, FL**

City & State

**WEST PALM BCH, FL**

4. FEI Number

**65-0838632 NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33412**

Country

**PAUM BCH**

Zip

**33412**

Country

**PAUM BCH**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, JAMES M**

**5195 FOXHALL DRIVE NORTH 7607 PRESERVE CT.  
WEST PALM BEACH FL 33417 WEST PALM BEACH, FL.  
33417**

7. Name and Address of New Registered Agent

Name

**JAMES M HARVEY**

Street Address (P.O. Box Number is Not Acceptable)

**7607 PRESERVE CT**

City

**WEST PALM BCH**

FL

Zip Code

**33412**

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

*James M Harvey*

**TER 300**

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.

**\$0.00**

10. Amount of Capital Contributions

in FLORIDA to date.

**5,000**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**HARVEY, JAMES M  
5195 FOXHALL DRIVE NORTH  
WEST PALM BEACH FL 33417**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**HARVEY, SUZANNE  
5195 FOXHALL DRIVE NORTH  
WEST PALM BEACH FL 33417**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**7607 PRESERVE COURT**

**WEST PALM BEACH, FL. 33412**

STREET ADDRESS

CITY - ST - ZIP

**7607 PRESERVE COURT**

**WEST PALM BEACH, FL. 33412**

STREET ADDRESS

CITY - ST - ZIP

**FF \$141.25**

STREET ADDRESS

CITY - ST - ZIP

**cus 8.75**

**400003391434-3**

**09/13/00-01047--006**

**\*\*\*\*150.00 \*\*\*\*150.00**

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:

*James M Harvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)