

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000795**

1. Entity Name

THE HARVEY FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**7607 PRESERVE CT
WEST PALM BEACH FL 33412**

Mailing Address
**7607 PRESERVE CT
WEST PALM BEACH FL 33412**

FILED
01 AUG -6 AM 9:54
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number **NOT APPLICABLE**

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

**HARVEY, JAMES M
7607 PRESERVE CT
WEST PALM BEACH FL 33412**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$5,000.00

as Shown on record.

10. Amount of Capital Contributions

\$15,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HARVEY, JAMES M
7607 PRESERVE CT
WEST PALM BEACH FL 33412**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HARVEY, SUZANNE
7607 PRESERVE CT
WEST PALM BEACH FL 33412**

STREET ADDRESS

CITY-ST-ZIP

**500004522525--2
-08/07/01--01046--011
****263.75 ****193.75**

DOCUMENT #
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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

SUZANNE HARVEY
SUZANNE HARVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-16-01 (501) 682-0328
Date Daytime Phone #

CR2E003 (5/01)