

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

001287 AT

**DOCUMENT # A9600000858**

1. Entity Name  
**MARJOVEC SECOND FAMILY LIMITED PARTNERSHIP**

02 APR 17 PM 12: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1800 LAKE DRIVE DELRAY BEACH FL 33444</b>	Mailing Address <b>1800 LAKE DRIVE DELRAY BEACH FL 33444</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0674260**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCIARRETTA, STEVEN A ESQ.  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON FL 33431**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>VECCIA, JOSEPH W JR. 1800 LAKE DRIVE DELRAY BEACH FL 33444</b>	STREET ADDRESS CITY-ST-ZIP	<b>300005312103-- 04/22/02 01020 002 ***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>VECCIA, MARY 1800 LAKE DRIVE DELRAY BEACH FL 33444</b>	STREET ADDRESS CITY-ST-ZIP	
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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: Mary Veccia **Mary Veccia**, 4/15/02 (561) 395-3950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)