

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000859**

1. Entity Name

**MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

Principal Place of Business  
431 NORTH EAST TENTH TERRACE  
BOCA RATON FL 33432

Mailing Address  
431 NORTH EAST TENTH TERRACE  
BOCA RATON FL 33432-2939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1800 Lake Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1800 Lake Drive**  
Suite, Apt. #, etc.

City & State  
**Delray Beach**  
Zip **33444** Country **Palm Bch**

City & State  
**Delray Beach**  
Zip **33444** Country **Palm Beach**

4. FEI Number **65-0671751**

Applied For  
Not Applicable

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. (NOTE: Registered Agent signature required when reinstating)

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 **VECCIA, JOSEPH W JR.**  
STREET ADDRESS **431 NORTH EAST TENTH TERRACE**  
CITY - ST - ZIP **BOCA RATON FL 33432**

STREET ADDRESS **1800 Lake Drive**  
CITY - ST - ZIP **Delray Beach, FL 33444**

DOCUMENT #  
NAME **VECCIA, MARY**  
STREET ADDRESS **431 NORTH EAST TENTH TERRACE**  
CITY - ST - ZIP **BOCA RATON FL 33432**

STREET ADDRESS **1800 Lake Drive**  
CITY - ST - ZIP **Delray Beach, FL 33444**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
**300003230283--5**  
**-04/28/00--01114--014**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
**\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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: **Mary Veccia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/12/00** **561-395-3950**  
Date Daytime Phone #