

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0012262
AT

DOCUMENT # **A96000000859**

1. Entity Name

MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP

02 APR 17 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1800 LAKE DRIVE
DELRAY BEACH FL 33444**

Mailing Address

**1800 LAKE DRIVE
DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0671751

Applied For

Not Applicable

DUE BY MAY 1, 2002

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

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

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.

DATE _____

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	STREET ADDRESS	CITY-ST-ZIP
	VECCIA, JOSEPH W JR.	1800 LAKE DRIVE	DELRAY BEACH FL 33444		
	VECCIA, MARY	1800 LAKE DRIVE	DELRAY BEACH FL 33444		

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04/22/02 01032 014
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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)