

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A96000000961**

1. Entity Name  
**S & L FAMILY, LTD.**



Principal Place of Business  
**C/O RICHARD STANTON  
5775 WEST HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023**

Mailing Address  
**C/O RICHARD STANTON  
5775 WEST HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023**

**FILED**  
**03 APR 28 AM 8:38**

**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 MAY 1, 2003**

4. FEI Number **65-0674619**

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

**COHN, ALAN B  
C/O ABRAMS, ANTON, ET AL  
2021 TYLER STREET  
HOLLYWOOD FL 33022**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$280,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$280,000.00**

11. **MAKE CHECK PAYABLE TO FL. 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 **STANTON, RICHARD**  
STREET ADDRESS **5775 WEST HALLANDALE BEACH BLVD.**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

STREET ADDRESS

CITY-ST-ZIP

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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:**

**RICHARD STANTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**RICHARD STANTON**

**4/22/03**

**954-894-2999**

Date

Daytime Phone #

CR2E003 (10/02)

0009225 AT