

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001320**

1. Entity Name

**THE DANPAT1 LIMITED PARTNERSHIP**

Principal Place of Business

**4855 VELASQUEZ  
PENSACOLA FL 32504**

Mailing Address

**4855 VELASQUEZ  
PENSACOLA FL 32504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **59-3401408**

Applied For

Not Applicable

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

**KAHN, HARRY D JR.**

**4855 VELASQUEZ**

**PENSACOLA FL 32504**

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.

**\$150,000.00**

10. Amount of Capital Contribution  
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

**KAHN, HARRY D JR.  
4855 VELASQUEZ  
PENSACOLA FL 32504**

STREET ADDRESS

CITY-ST-ZIP

**800007850328--3  
-09/19/02--01061--011  
\*\*\*\*400.00 \*\*\*\*400.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**KAHN, PATRICIA B  
4855 VELASQUEZ  
PENSACOLA FL 32504**

STREET ADDRESS

CITY-ST-ZIP

**800007850328--3  
-09/19/02--01061--012  
\*\*\*\*526.25 \*\*\*\*526.25**

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**7/11/02 850-432-7989**

CR2E003 (4/02)

0003037 AB

**FILED  
02 SEP -9 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

