

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001469**

1. Entity Name

**THE PATTEN FAMILY LIMITED PARTNERSHIP**

FILED

01 JAN 23 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2601 SOUTH ROOSEVELT BLVD., #306 B  
KEY WEST FL 33040**

Mailing Address  
**2601 SOUTH ROOSEVELT BLVD., #306 B  
KEY WEST FL 33040**

2. Principal Place of Business  
**14 BAMBOO TERRACE**

3. Mailing Address  
**14 BAMBOO TERRACE**

Suite, Apt. #, etc.

City & State  
**KEY WEST, FL**

City & State  
**KEY WEST, FL**

Zip  
**33040**

Country  
**USA**

Zip  
**33040**

Country  
**USA**

4. FEI Number  
**65-6173370**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**RICHMAN GUTTENMACHER & BOHATCH, P.A.  
19 W. FLAGLER STREET, 14TH FLOOR  
MIAMI FL 33130**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**500003576455--9**  
-01/26/01--01049--020  
City  
**\*\*\*526.25 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$400,000.00**

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 #	<b>PATTEN, MARY E 2601 SOUTH ROOSEVELT BLVD., #306 B KEY WEST FL 33040</b>	STREET ADDRESS	<b>14 BAMBOO TERRACE</b>
NAME		CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (5/00)