

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001469**

1. Entity Name
THE PATTEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business
**14 BAMBOO TERRACE
KEY WEST FL 33040**

Mailing Address
**14 BAMBOO TERRACE
KEY WEST FL 33040**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-6173370**

Applied For
Not Applicable

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

DUE BY SEPTEMBER 26, 2001

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHTMAN GUTTENMACHER & BOHATCH, P.A.
19 W. FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130**

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. **\$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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SARA CAREY
14 BAMBOO TERRACE
KEY WEST, FL 33040**

STREET ADDRESS
CITY-ST-ZIP
**200004677252--9
-11/13/01--01088--004
****978.75 ****926.25**

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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**

7/25/01 305-294-5849

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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CR2E003 (5/01)

STAPLE CHECK HERE