

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009730 AT

DOCUMENT # A96000001850

1. Entity Name  
THE POTVIN FAMILY GROUP, LTD.



FILED

03 MAR 31 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
6820 NW 101 TERRACE  
PARKLAND FL 33076

Mailing Address  
6820 NW 101 TERRACE  
PARKLAND FL 33076

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 65-0707177

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

POTVIN, DENIS  
2951 N.E. 27TH AVENUE  
LIGHTHOUSE POINT FL 33064

Name DENIS C POTVIN

Street Address (P.O. Box Number is Not Acceptable)

6820 N.W. 101<sup>ST</sup> TERRACE

City PARKLAND

FL

Zip Code 33076

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 *X Valerie C Potvin*

1/6/03  
DATE

9. Capital Contributions  
as Shown on record. \$90,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 POTVIN, VALERIE C  
STREET ADDRESS 6820 NW 101 TERRACE  
CITY-ST-ZIP PARKLAND FL 33076

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 VALERIE C POTVIN

JAN 27 954 227 0567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE