

2001 UNIFORM BUSINESS REPORT (UBR)

0010988 AF

DOCUMENT # A96000002138

1. Entity Name

ANDCAR LIMITED PARTNERSHIP

FILED

Principal Place of Business

25110 RIDGE OAK DRIVE
BONITA SPRINGS FL 34134

Mailing Address

25110 RIDGE OAK DRIVE
BONITA SPRINGS FL 34134

01 FEB 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427835

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

PETERSON, RENNO L
2 N. TAMiami TRAIL, SUITE 606
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,516,300.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,516,300

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 HOCHMAN, ANDREW N
STREET ADDRESS 25110 RIDGE OAK DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME HOCHMAN, CARIN S
STREET ADDRESS 25110 RIDGE OAK DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

STREET ADDRESS

CITY-ST-ZIP

100003745441-9

02/21/01-01074-016

****526.25 ****526.25

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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:

Andrew N. Hochman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/01
Date

941 992-0158
Daytime Phone #

CR2E003 (11/00)