

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015143 AT

DOCUMENT # **A96000002138**

1. Entity Name

**ANDCAR LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 29 PM 3: 59

Principal Place of Business

**25110 RIDGE OAK DRIVE  
BONITA SPRINGS FL 34134**

Mailing Address

**25110 RIDGE OAK DRIVE  
BONITA SPRINGS FL 34134**



2. Principal Place of Business

**14200 ROYAL HARBOUR CT.**

3. Mailing Address

**14200 ROYAL HARBOUR CT**

Suite, Apt. #, etc.

**506**

Suite, Apt. #, etc.

**506**

**DUE BY MAY 1, 2002**

City & State

**FT MYERS FL**

City & State

**FT MYERS FL**

4. FEI Number

**59-3427835**

Applied For

Not Applicable

Zip

**33908**

Country

Zip

**33908**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**1605 MAIN ST**

**SUITE 700**

**SARASOTA**

**FL**

**Zip Code 34263**

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.

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

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **14200 ROYAL HARBOUR COURT #506**  
CITY-ST-ZIP **FT MYERS, FL 33908**

STREET ADDRESS **14200 ROYAL HARBOUR COURT #506**  
CITY-ST-ZIP **FT MYERS FL 33908**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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: **Andrew Hochman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/10/02**  
Date

**941 267-8997**  
Daytime Phone #

CP2E003 (9/01)