

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002163

1. Entity Name

THE HERSEY FAMILY LIMITED PARTNERSHIP #1

FILED

00 JAN 27 PM 3: 26

Principal Place of Business  
1501 NORTHPOINT PARKWAY, STE. 100  
WEST PALM BEACH FL 33407

Mailing Address  
1803 SO AUSTRALIAN AVE. SUITE A  
WEST PALM BEACH FL 33409-6454

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0709245

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

HERSEY, HARRY W JR.  
1501 NORTHPOINT PARKWAY, STE. 100  
WEST PALM BEACH FL 33407

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. \$800,000.00

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  
HERSEY, HARRY W JR.  
1501 NORTHPOINT PARKWAY, STE. 100  
WEST PALM BEACH FL 33407

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/00 561-640-5700

0007315

CR2E003 (9/99)