

2002 UNIFORM BUSINESS REPORT (UBR)

001742 AI

DOCUMENT # **A96000002163**

1. Entity Name

THE HERSEY FAMILY LIMITED PARTNERSHIP #1

FILED

2002 FEB 25 PM 3:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 65-0709245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERSEY, HARRY W JR. 1501 NORTHPOINT PARKWAY, STE. 100 WEST PALM BEACH FL 33407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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
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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 #	HERSEY, HARRY W JR. 1501 NORTHPOINT PARKWAY, STE. 100 WEST PALM BEACH FL 33407	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	500005032635--9
NAME		CITY-ST-ZIP	03/01/02--01058--015
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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]* *LARRY W HODGES* *2/26/02* *561-686-5377*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)