

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002273**

1. Entity Name

THE WILLIAM D. KIRKPATRICK FAMILY LIMITED PARTNE

FILED

00 APR -5 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
218 COMMERCIAL BOULEVARD, SUITE 208-K  
ATTN: WILLIAM D. KIRKPATRICK  
LAUDERDALE BY THE SEA FL 33308

Mailing Address  
218 COMMERCIAL BOULEVARD, SUITE 208-K  
ATTN: WILLIAM D. KIRKPATRICK  
LAUDERDALE BY THE SEA FL 33308-4462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0809420**

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

KIRKPATRICK, WILLIAM D  
218 COMMERCIAL BOULEVARD, SUITE 208-K  
LAUDERDALE BY THE SEA FL 33308

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. **\$10,000.00**

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  
KIRKPATRICK, WILLIAM D  
1431 SO. OCEAN BLVD., VILLA #10  
POMPANO BEACH FL 33062

STREET ADDRESS  
CITY - ST - ZIP  
400003219374--6  
-04/24/00--01010--017  
\*\*\*\*167.50 \*\*\*\*167.50

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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: **WILLIAM D. KIRKPATRICK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/00 (954) 786-2940  
Date Daytime Phone #

CR2E003 (9/99)