

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002342

1. Entity Name

THE NATHAN SKOP FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 18 AM 10:02

Principal Place of Business  
7900 B LEXINGTON CLUB BLVD  
DELRAY BEACH FL 33446

Mailing Address  
7900 B LEXINGTON CLUB BLVD  
DELRAY BEACH FL 33446



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6254919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, HOWARD L  
2101 CORPORATE BLVD., #204  
BOCA RATON FL 33431

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.

\$850,000.00

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  
SKOP, NATHAN  
7900 B LEXINGTON CLUB BLVD  
DELRAY BEACH FL 33446

STREET ADDRESS

CITY-ST-ZIP

500003371555-3  
-08/24/00--01041--031  
\*\*\*\*535.00 \*\*\*\*535.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SKOP, HELEN  
7900 B LEXINGTON CLUB BLVD  
DELRAY BEACH FL 33446

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-26-00

Date

Daytime Phone #

1-718-380-4779

CR2E003 (5/00)