

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012332
AT

DOCUMENT # A96000002342

1. Entity Name

THE NATHAN SKOP FAMILY LIMITED PARTNERSHIP

02 APR 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

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

NATHAN SKOP

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.

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

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

STREET ADDRESS

CITY-ST-ZIP

300005307319--4
-04/19/02--01028--009

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

*****526.25 *****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-02 561-637-0028

Date

Daytime Phone #

CR2E003 (9/01)