

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A96-2498

1. Entity Name

THE WILLIAMS FAMILY PARTNERSHIP, LTD
C/O RICHARD H WILLIAMS

FILED

01 APR 23 PM 12:37

Principal Place of Business

Mailing Address

8600 S OCEAN DR APT 301
JENSEN BEACH FL 34957

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0718409

Applied For

Not Applicable

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

WHITE, CHARLES RL ESQ
725 NORTH AIA SUITE E 102
JUPITER FL 33477

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.

-0-

10. Amount of Capital Contributions
in FLORIDA to date.

-0-

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 RICHARD H WILLIAMS
STREET ADDRESS 8600 S OCEAN DR APT 301
CITY-ST-ZIP JENSEN BEACH FL 34957

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
300004162433--6
-05/08/01-01081-025
****141.25 ****141.25

DOCUMENT #
NAME MARLISE WILLIAMS
STREET ADDRESS 8600 S OCEAN DR APT 301
CITY-ST-ZIP JENSEN BEACH FL 34957

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/19/01 561-229-7766

Date

Daytime Phone #

CR2E003 (11/00)