

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008363 AF

DOCUMENT # **A97000000073**

1. Entity Name

**VERITY FAMILY PARTNERS, LTD.**

Principal Place of Business

**19800 US HWY 1  
SANDPOINTE BAY UNIT #301  
TEQUESTA FL 33469**

Mailing Address

**19800 US HWY 1  
SANDPOINTE BAY UNIT #301  
TEQUESTA FL 33469**

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

**65-0738377**

Applied For

Not Applicable

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

**BRADEN, LISA  
1660 SOUTHERN BLVD., SUITE D  
WEST PALM BEACH FL 33406**

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

*Austin W. Verity Jr.*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**MARCH 26, 2001**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,308,617.80**

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 # **S21189**  
NAME **VERITY ENTERPRISES OF FLORIDA, INC.**  
STREET ADDRESS **19800 US HWY 1 SANDPOINTE BAY #301**  
CITY-ST-ZIP **TEQUESTA FL 33469**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200003961012--4**

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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:

*AUSTIN W. VERITY JR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MARCH 26, 2001**

Date

Daytime Phone #

CR2E003 (11/00)