

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000154

1. Entity Name

SILVERMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business  
2600 ISLAND BLVD., UNIT 406  
WILLIAMS ISLAND FL 33160

Mailing Address  
2600 ISLAND BLVD., UNIT 406  
WILLIAMS ISLAND FL 33160-5207

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

65-0709595

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

~~NUTTER, YUEH-MEI-KIM~~  
~~240 W. PALMETTO PARK RD.~~  
~~SUITE 210~~  
~~BOCA RATON FL 33432~~

Name SILVERMAN, JUDITH E.

Street Address (P.O. Box Number is Not Acceptable)

2600 ISLAND BLVD. #406

City WILLIAMS ISLAND FL

Zip Code 33160

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.

\$2,098.00

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 SILVERMAN, JUDITH E  
STREET ADDRESS 4357 WHITE CEDAR DR.  
CITY - ST - ZIP DELRAY BEACH FL 33445

STREET ADDRESS 2600 ISLAND BLVD #406  
CITY - ST - ZIP WILLIAMS ISLAND, FL 33160

DOCUMENT # P96000089505  
NAME SILVERMAN INVESTMENTS CO., INC.  
STREET ADDRESS 4357 WHITE CEDAR DR.  
CITY - ST - ZIP DELRAY BEACH FL 33445

STREET ADDRESS 2600 ISLAND BLVD #406  
CITY - ST - ZIP WILLIAMS ISLAND, FL 33160

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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:

*Silvia* For Judith 4/12/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED 4/12/00  
00 APR 12 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)