

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # **A97000000207**

1. Entity Name

KENDALL FAMILY PARTNERSHIP OF P.B. CO., LTD.

Principal Place of Business

**5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

Mailing Address

**5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

FILED
01 JUL 23 AM 8:47
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

DUE BY SEPTEMBER 26, 2001

4. FEI Number **65-0723941**

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

**KENDALL, TIMOTHY W
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

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

\$1,427,370.00

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

**KENDALL, C W TRUSTEE
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**KENDALL, ESTHER TRUSTEE
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/9/01
Date

Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE