

2000 UNIFORM BUSINESS REPORT (UBR)

0020314 AB

DOCUMENT # A97000000277

1. Entity Name

FITZGERALD FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

APT. 903, CORNICHE CONDOMINIUM
5200 NORTH OCEAN DRIVE
RIVERIA BEACH FL 33404

Mailing Address

LAW OFFICES OF JOHN E. FITZGERALD
P.O. BOX 619
GLEN FALLS NY 12801-0619

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number NOT APPLICABLE **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STOBS, DONALD W JR ESQ
581 NORTHEAST 91 STREET
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

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 _____ **DATE** _____

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

9. Capital Contributions as Shown on record. \$0.00 **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 #	FITZGERALD, JOHN E	STREET ADDRESS	
NAME	56 BLIND ROCK RD	CITY - ST - ZIP	
STREET ADDRESS	QUEENSBURY NY 12804		
CITY - ST - ZIP			
DOCUMENT #	FITZGERALD, VIRGINIA Z	STREET ADDRESS	
NAME	56 BLIND ROCK RD	CITY - ST - ZIP	
STREET ADDRESS	QUEENSBURY NY 12804		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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[Handwritten Signature]

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: *[Handwritten Signature]* **GENERAL PARTNER** **1/7/00** **578 798 4332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**