

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000277**

1. Entity Name

**FITZGERALD FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

Mailing Address

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

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

FILED

02 JAN 11 PM 4:26

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 MAY 1, 2002**

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**

**7. Name and Address of New Registered Agent**

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

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**0.00**

**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	<b>FITZGERALD, JOHN E</b>
STREET ADDRESS	<b>56 BLIND ROCK RD</b>
CITY-ST-ZIP	<b>QUEENSBURY NY 12804</b>
DOCUMENT #	
NAME	<b>FITZGERALD, VIRGINIA Z</b>
STREET ADDRESS	<b>56 BLIND ROCK RD</b>
CITY-ST-ZIP	<b>QUEENSBURY NY 12804</b>
DOCUMENT #	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600004784506--4</b>
CITY-ST-ZIP	<b>01/18/02--01051--020</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/7/02**

Date

**518  
798-A 332**

Daytime Phone #

CR2E003 (9/01)