

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000277

1. Entity Name
FITZGERALD FAMILY LIMITED PARTNERSHIP



FILED

03 JAN 10 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

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 —

11. MAKE CHECK PAYABLE TO FL. 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	FITZGERALD, JOHN E
STREET ADDRESS	56 BLIND ROCK RD
CITY-ST-ZIP	QUEENSBURY NY 12804
DOCUMENT #	
NAME	FITZGERALD, VIRGINIA Z
STREET ADDRESS	56 BLIND ROCK RD
CITY-ST-ZIP	QUEENSBURY NY 12804
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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01/10/03-01018-002 **141.25

M THOMAS

CR2E003 (10/02)

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/5/03

578-798 4332

Date

Daytime Phone #