

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000279**

1. Entity Name

**THE SAXON FAMILY LIMITED PARTNERSHIP**

Principal Place of Business  
9941 N.E. 4TH AVENUE ROAD  
MIAMI SHORES FL 33138-2439

Mailing Address  
9941 N.E. 4TH AVENUE ROAD  
MIAMI SHORES FL 33138-2439

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

100 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0711573**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAXON, CARTER**  
**9941 N.E. 4TH AVENUE ROAD**  
**MIAMI SHORES FL 33138-2439**

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 *Carter T Saxon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00  
DATE

9. Capital Contributions  
as Shown on record. **\$897,339.45**

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 **SAXON, CARTER**  
STREET ADDRESS **9941 N.E. 4TH AVENUE ROAD**  
CITY - ST - ZIP **MIAMI SHORES FL 33138-2439**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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: *Carter T Saxon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/00 305-655-0830