

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000653

1. Entity Name

SELIGMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

BROKEN SOUND CLUBSIDE POINT  
2441 N.W. 59TH ST., #503  
BOCA RATON FL 33496

Mailing Address

BROKEN SOUND CLUBSIDE POINT  
2441 N.W. 59TH ST., #503  
BOCA RATON FL 33496-2828

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

65-0740243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ASARCH, STEVEN J ESQ.  
7777 GLADES ROAD  
SUITE 200  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
2385 Executive Center Drive

Suite 250

City  
Boca Raton

FL

Zip Code  
33431

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.

\$5,019,312.00

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

DOCUMENT # P97000020786  
NAME SELIGMAN FAMILY ENTERPRISES, INC.  
STREET ADDRESS 2441 N.W. 59TH ST., #503  
CITY - ST - ZIP BOCA RATON FL 33496

DOCUMENT # *71526.25*  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

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06/12/00-01007-005  
\*\*\*\*526.25 \*\*\*\*526.25

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E003 (1/3/00)