

2001 UNIFORM BUSINESS REPORT (UBR)

0008878 AF

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**

FILED

01 FEB 26 AM 9:16

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0740243

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

ASARCH, STEVEN J ESQ.

2385 EXECUTIVE CENTER DRIVE, SUITE 250

BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

1900 N.W. CORPORATE BOULEVARD

SUITE 400 EAST

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

STEVEN J. ASARCH

02-20-2001

(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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

[Signature]
ANDREW B. SOLOMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

02-22-01 561-995-6660

CR2E003 (11/00)