

2002 UNIFORM BUSINESS REPORT (UBR)

0012747 AT

DOCUMENT # A97000000653

1. Entity Name

SELIGMAN FAMILY LIMITED PARTNERSHIP

FILED

02 APR 25 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

469 Woldunn Circle

3. Mailing Address

P.O. Box 952948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Lake Mary, FL

City & State

Lake Mary, FL

4. FEI Number

65-0740243

Applied For

Not Applicable

Zip

Country

32746 USA

Zip

Country

32795-2948 USA

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.
1900 N.W. CORPORATED BOULEVARD
SUITE 400 EAST
BOCA RATON FL 33431

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

\$5,019,312.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$5,019,312.00

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

STREET ADDRESS

469 Woldunn Circle

CITY-ST-ZIP

Lake Mary, FL 32746

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STREET ADDRESS

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:

Harry L. Seligman

3/1/2002 (407) 330 8373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)