

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001080**

1. Entity Name

**THE HARRY W. HERZOG FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:53

Principal Place of Business  
631 U.S. HIGHWAY ONE, SUITE 410  
NORTH PALM BEACH FL 33408

Mailing Address  
5380 NORTH OCEAN DR. PH H  
SINGER ISLAND FL 33418-6905



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 **65-0757220**

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

**COLTON, SCOTT M ESQUIRE**  
631 US #1, SUITE 410  
NORTH PALM BEACH FL 33408

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Scott M. Colton*

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. **\$0.00**

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 #  
NAME **HERZOG, HARRY W**  
STREET ADDRESS **5380 NORTH OCEAN DR. PH H,**  
CITY - ST - ZIP **SINGER ISLAND FL 33404**

STREET ADDRESS **6402 EAST POINTE PINES ST.**  
CITY - ST - ZIP **PALM BEACH GARDENS, FL 33418**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP **np/316100**

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP **300003161973-4**  
**-03/08/00--01047--015**  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Handwritten signature*  
1-23-00 691-3966

CR2E003 (9/99)