

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001174

1. Entity Name

WHITEHEAD STREET ASSOCIATES LIMITED PARTNERSHIP

FILED

00 JAN 24 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

529 WHITEHEAD STREET
KEY WEST FL 33040

Mailing Address

529 WHITEHEAD STREET
KEY WEST FL 33040-6572



2. Principal Place of Business

724 EATON STREET

3. Mailing Address

P.O. Box 1752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FLORIDA

City & State

KEY WEST, FLORIDA

4. FEI Number

65-0748992

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040-1752

Country

MONROE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERVER, HARVEY W
529 WHITEHEAD STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

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

724 EATON STREET

City

KEY WEST

FL

33040

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

HARVEY W. SERVER

Harvey W. Server

1/24/00

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.

\$12,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
SERVER, HARVEY W
529 WHITEHEAD STREET
KEY WEST FL 33040

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
724 EATON STREET
KEY WEST, FLORIDA 33040

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
84.00 - CP
100003117891--5

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
-02/01/00--01043--016
***172.75 ***172.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

HARVEY W. SERVER

HARVEY W. SERVER (305) 294-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/00

Daytime Phone #