

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001250
Entity Name
ARNOLD LIMITED PARTNERSHIP

FILED
00 APR 12 PM 3:11
4/24/20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2761 N.E. 6TH STREET
POMPAHO BEACH FL 33062

Mailing Address
2761 N.E. 6TH STREET
POMPAHO BEACH FL 33062-4928



Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0759772
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARNOLD, ONLEY E
2761 N.E. 6TH STREET
POMPAHO BEACH FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. \$2,200,000.00
10. Amount of Capital Contributions in FLORIDA to date. 200,000.00
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 #	NAME	STREET ADDRESS	
	2761 N.E. 6TH STREET	CITY - ST - ZIP	
	POMPAHO BEACH FL 33062		
DOCUMENT #	NAME	STREET ADDRESS	
	2761 N.E. 6TH STREET	CITY - ST - ZIP	
	POMPAHO BEACH FL 33062		
DOCUMENT #	NAME	STREET ADDRESS	300003219723--5
		CITY - ST - ZIP	04/24/00--01030--001
			*****535.00 *****535.00
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	

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: ONLEY E. ARNOLD 4/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 954-941-2462

CR2E003 (9/99)