

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001285

1. Entity Name

SELIGMAN FAMILY INVESTMENT PARTNERSHIP, LTD.

Principal Place of Business
BROKEN SOUND CLUBSIDE POINT
2441 N.W. 59TH STREET. #503
BOCA RATON FL 33496

Mailing Address
BROKEN SOUND CLUBSIDE POINT
2441 N.W. 59TH STREET. #503
BOCA RATON FL 33496-2828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0767580

Applied For

Not Applicable

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 ESQUIRE
7777 GLADES RD., STE. 200
BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)
2385 Executive Center Drive

Suite 250

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, 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.

\$5,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000039460
NAME SELIGMAN FAMILY INVESTMENTS, INC.
STREET ADDRESS BROKEN SOUND CLUBSIDE CIR 2441 NW 59 ST 50
CITY - ST - ZIP BOCA RATON FL 33496

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/28/00

(407) 330-9373



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)