

2001 UNIFORM BUSINESS REPORT (UBR)

0008866 AF

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 FEB 26 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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
2385 EXECUTIVE CENTER DRIVE, SUITE 230
BOCA RATON FL 33431**

Name

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

**1900 N.W. CORPORATE BOULEVARD
SUITE 400 EAST**

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]

STEVEN J. ASARCH

02-20-2001

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
700003796407-2
-03/05/01--01001--001
******141.25 ****141.25**

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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]
ALAN B. SOLOMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

02-22-01 561-995-6660

CR2E003 (11/00)