

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002541 AV

CR2E003 (9/01)

DOCUMENT # **A97000001398**

1. Entity Name  
**SUNDANCE FAMILY, LTD.**

FILED

02 APR 29 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5300 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33308**

Mailing Address  
**5300 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33308**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **58-2356658**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BATCHELDER, DRAKE M  
450 EAST LAS OLAS BLVD., SUITE 950  
FT. LAUDERDALE FL 33301**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions **\$100.00** as Shown on record.  
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 #	P97000095781	STREET ADDRESS	
NAME	SUNDANCE FAMILY CORP.	CITY-ST-ZIP	
STREET ADDRESS	76 NORTH MAPLE AVE., SUITE 187		
CITY-ST-ZIP	RIDGEWOOD NJ 07450		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Dan Williamson* / **Dan Williamson** 4/25/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #