

2002 UNIFORM BUSINESS REPORT (UBR)

0003890 AV

DOCUMENT # A970000Q1591

1. Entity Name

NUTRITION PARTNERS LIMITED PARTNERSHIP

FILED

02 MAY 13 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

350 SOUTH COUNTY ROAD, SUITE 203
PALM BEACH FL 33480

Mailing Address

350 SOUTH COUNTY ROAD, SUITE 203
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0767598

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

BEASON, TAMELA

350 SOUTH COUNTY ROAD, SUITE 203
PALM BEACH FL 33480

Name

W. Lawrence LeNeve

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

350 S County Rd, Suite 201

City

Palm Beach

FL

Zip Code

33480

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 of registered agent or printed name of registered agent and title if applicable.

4/28/02
DATE

9. Capital Contributions

\$1,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
BEASON, TAMELA
350 SOUTH COUNTY ROAD, SUITE 203
PALM BEACH FL 33480

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02

Date

561-832-1299

Daytime Phone #

CR2E003 (9/01)