

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012818 AT

DOCUMENT # A97000002257

1. Entity Name
BAITCH FAMILY LTD.



FILED

03 APR 11 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3030 JASMINE TERRACE
DELRAY BEACH FL 33483

Mailing Address
3030 JASMINE TERRACE
DELRAY BEACH FL 33483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0787493

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GLASSER, GENE K
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD FL 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE

9. Capital Contributions as Shown on record. \$1,080,000.00

10. Amount of Capital Contributions in FLORIDA to date. 625,150

11. MAKE CHECK PAYABLE TO FL. 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
BAITCH, BERTRAM L
3030 JASMINE TERRACE
DELRAY BEACH FL 33483

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

BAITCH GEN Partner 4/9/03 561 243-3700

CR2E003 (10/02)