

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002308**

1. Entity Name

**THE A. V. WITBECK FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:43

Principal Place of Business  
243 SPRINGLINE DRIVE  
VERO BEACH FL 32963

Mailing Address  
P.O. BOX 971  
VERO BEACH FL 32961-0971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0789214</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCHUGH, JOHN J JR, ESQ**  
**333 17TH STREET, STE, U**  
**VERO BEACH FL 32960**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$4,973,318.00** 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	<b>A. V. WITBECK, TRUSTEE</b> <b>243 SPRINGLINE DRIVE</b> <b>VERO BEACH FL 32963</b>	STREET ADDRESS CITY - ST - ZIP	<b>000003136490--4</b> <b>-02/15/00--01119-009</b> <b>****526.25 ****526.25</b>
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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

Date **1-10-2000** Daytime Phone #

201074 A

CR2E003 (9/99)