

# 2001 UNIFORM BUSINESS REPORT (UBR)

192  
JUL 13 2001

**DOCUMENT # A97000002447**  
 1. Entity Name  
**THE SNYDER FAMILY ASSOCIATES LIMITED PARTNERSHIP**

**FILED**  
 01 JUL 13 AM 8:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **122 DRIFTWOOD CIRCLE ATLANTIS FL 33462**  
 Mailing Address: **122 DRIFTWOOD CIRCLE ATLANTIS FL 33462**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country

**DUE BY SEPTEMBER 26, 2001**  
 4. FEI Number: **65-0803265**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**NICOLETTI, PAUL J ESQ.**  
**317 TENTH STREET**  
**WEST PALM BEACH FL 33401**

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

9. Capital Contributions as Shown on record: **\$2,000,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **1,629,310**  
 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**

|                |                             |
|----------------|-----------------------------|
| DOCUMENT #     |                             |
| NAME           | <b>SNYDER, MAX M</b>        |
| STREET ADDRESS | <b>122 DRIFTWOOD CIRCLE</b> |
| CITY-ST-ZIP    | <b>ATLANTIS FL 33462</b>    |
| DOCUMENT #     |                             |
| NAME           | <b>SNYDER, MARY K</b>       |
| STREET ADDRESS | <b>122 DRIFTWOOD CIRCLE</b> |
| CITY-ST-ZIP    | <b>ATLANTIS FL 33462</b>    |
| DOCUMENT #     |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| DOCUMENT #     |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| DOCUMENT #     |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

**13. ADDRESS CHANGES ONLY**

|                |  |
|----------------|--|
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS | <b>200004484952--7</b>                                       |
| CITY-ST-ZIP    | <b>-07/18/01--01080--023</b><br><b>****526.25 ****526.25</b> |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| 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:** *Max M Snyder G.P.* **7/9/01** **561 968 9353**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)