

# 2001 UNIFORM BUSINESS REPORT (UBR)

000790 AF

DOCUMENT # **A97000002653**

1. Entity Name

**LINDNER FAMILY LIMITED PARTNERSHIP, LTD.**

**FILED**

**01 APR 30 PM 6:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**701 E. CAMINO REAL  
BOCA RATON FL 33432**

Mailing Address

**701 E. CAMINO REAL  
BOCA RATON FL 33432**

2. Principal Place of Business

**3105 W. Scenic Dr**

3. Mailing Address

**3105 W. Scenic Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Danielsville PA**

City & State

**Danielsville PA**

4. FEI Number

**65-0930544**

Applied For

Not Applicable

Zip

**18038**

Country

**USA**

Zip

**18038**

Country

**USA**

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRADY & BRADY PA  
370 N CAMINO GARDENS BLVD  
THIRD FLOOR  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

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

**Suite 200 C**

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$3,040,390.00**

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**COLE, STEPHANIE  
3105 W. SCENIC DRIVE  
DANIELVILLE PA 18038**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600004221116-3  
-05/16/01--01124--012  
\*\*\*\*535.00 \*\*\*\*535.00**

**HR  
5/15**

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

**Stephanie M Cole**

SIGNATURE: **Stephanie M Cole, General Partner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/26/01 6108376280**

Date Daytime Phone #

CR2E003 (11/00)