

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002710

1. Entity Name
NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHI
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FILED

03 APR -1 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2228 ORIOLE DRIVE
SARASOTA FL 34239-3731

Mailing Address
2228 ORIOLE DRIVE
SARASOTA FL 34239-3731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-6253593

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

SIEGEL, NORMAN
2228 ORIOLE DRIVE
SARASOTA FL 34239

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 *Norman Siegel*
Signature, typed or printed name of registered agent and title, applicable.

NORMAN SIEGEL

3.26.03

DATE

9. Capital Contributions as Shown on record. \$300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 SIEGEL, NORMAN
STREET ADDRESS 2228 ORIOLE DRIVE
CITY-ST-ZIP SARASOTA FL 34239

STREET ADDRESS

CITY-ST-ZIP

34239

DOCUMENT #
NAME SIEGEL, RUTH LILA
STREET ADDRESS 2228 ORIOLE DRIVE
CITY-ST-ZIP SARASOTA FL 34239

STREET ADDRESS

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CITY-ST-ZIP

THOMAS

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: *Norman Siegel* NORMAN SIEGEL 3.26.03 941.955.1483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0015883 AT

CR2E003 (10/02)