

# 2001 UNIFORM BUSINESS REPORT (UBR)

192  
0001395  
AT

**DOCUMENT #** A97000002875

**1. Entity Name**  
SENTNOR FAMILY LIMITED PARTNERSHIP #1, LTD.

**FILED**

01 AUG -8 PM 12: 17

**Principal Place of Business**  
8511 LEEWAY LANE  
BOYNTON BEACH FL 33436

**Mailing Address**  
8511 LEEWAY LANE  
BOYNTON BEACH FL 33436

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY SEPTEMBER 26, 2001**

**4. FEI Number** 65-0802769  
Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
LABINER, PAUL S  
2255 GLADES ROAD, SUITE 422A  
BOCA RATON FL 33431

**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 \_\_\_\_\_

**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 #	SENTNOR, SEYMOUR TRUSTEE
NAME	8511 LEEWAY LANE
STREET ADDRESS	BOYNTON BEACH FL 33436
CITY-ST-ZIP	
DOCUMENT #	SENTNOR, MARILYN A TRUSTEE
NAME	8511 LEEWAY LANE
STREET ADDRESS	BOYNTON BEACH FL 33436
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	800004534898-6
CITY-ST-ZIP	-08/15/01-01012-001
STREET ADDRESS	****526.25 ****526.25
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:** Marilyn A. Sentnor **SIGNATURE REQUIRED** 7/9/01 369-5328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE