

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # **AA7/2929**
 1. Entity Name
FICHERA FAMILY LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business Mailing Address
567 Seaview Ct. E4 567 Seaview Ct. E4
MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3469430** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FICHERA, PASQUALE S.
567 Seaview Ct. - E4
MARCO ISLAND, FL 34145

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record 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 # **P 970000 38981**
 NAME **FICHERA PROPERTIES**
 STREET ADDRESS **567 Seaview Ct. E4**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

13. ADDRESS CHANGES ONLY
 STREET ADDRESS
 CITY-ST-ZIP **200003380412--9**
-09/01/00--01069--026
*******526.25 *****526.25**

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: **Pasquale S. Fichera** 8-22-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)