

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

001700
AT

DOCUMENT # **A98000000019**

1. Entity Name

THE FAWCETT FAMILY LIMITED PARTNERSHIP I, LTD.

02 APR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**12213 N. CIRCLE DRIVE
NORTH PALM BEACH FL 33408**

Mailing Address

**12213 N. CIRCLE DRIVE
NORTH PALM BEACH FL 33408**

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

65-0803624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**DELOITTE & TOUCHE, LLP
1645 PALM BEACH LAKES BLVD., STE 900
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

TRAVANI & RICHTER, P.A.

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

818 U.S. Highway One, Suite A

City

North Palm Beach

FL

Zip Code
33408

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.

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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 # **P97000107276**
NAME **FAWCETT, INC.**
STREET ADDRESS **12213 N. CIRCLE DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)