

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0011720 AT

DOCUMENT # A980000000021

1. Entity Name

THE FAWCETT FAMILY LIMITED PARTNERSHIP III, LTD.

02 APR 15 PM 12:24

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

4. FEI Number

65-0803633

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

DELOITTE & TOUCHE, LLP

1645 PALM BEACH LAKES BLVD., SUITE 900
WEST PALM BEACH FL 33401

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

Vivian Fawcett

4-8-02

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

4000005309884--0

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Vivian Fawcett

4-8-02

Date

Daytime Phone #

CR2E003 (9/01)