

2002 UNIFORM BUSINESS REPORT (UBR)

001731 AT

DOCUMENT # A98000000022

1. Entity Name

THE FAWCETT FAMILY LIMITED PARTNERSHIP IV, LTD.

APPROVED
AND
FILED

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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number 65-0803635

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 33408

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 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 P. Fawcett
Signature, typed or printed name of registered agent and title if applicable.

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 400005307344--7
-04/19/02--01028--019
*****526.25 *****526.25

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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 P. Fawcett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-8-02
Date

Daytime Phone #

CR2E003 (9/01)