

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000034**

1. Entity Name
WEISSMAN FAMILY LIMITED PARTNERSHIP

FILED

02 MAR 20 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1535 Buttonbush Circle

3. Mailing Address
1535 Buttonbush Cir.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State
PALM CITY - FLA.

City & State
PALM CITY FLA

4. FEI Number
04-3396675

Applied For

Not Applicable

Zip
34990

Country
USA

Zip
34990

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert J. Weissman**

Street Address (P.O. Box Number is Not Acceptable)
1535 Buttonbush Circle

City **PALM City** FL Zip Code **34990**

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. **\$5000.**

10. Amount of Capital Contributions in FLORIDA to date. **\$5000.**

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 #
NAME **Robert J. Weissman**
STREET ADDRESS **1535 Buttonbush Circle**
CITY-ST-ZIP **PALM City - FLA 34990**

STREET ADDRESS

CITY-ST-ZIP

400005168764--4

DOCUMENT #
NAME
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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: **Robert J. Weissman** **Robert J. Weissman**

March 18, 2002 **772-336-3565**

CR2E003B (12/01)