

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 09, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000000230**

1. Entity Name

SANDY S. SEGALL, FAMILY LIMITED PARTNERSHIP #1

Principal Place of Business

Mailing Address

584 GOLDEN BEACH DRIVE

584 GOLDEN BEACH DRIVE

GOLDEN BEACH

FL

GOLDEN BEACH

FL

33160

33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0955499

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGALL SANDY S

584 GOLDEN BEACH DRIVE

GOLDEN BEACH

FL

33160

US

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 **SANDY S. SEGALL**

07/09/2001

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. 513,500.00

10. Amount of Capital Contributions

in FLORIDA to date. 513,500.00

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 #

NAME

SEGALL SANDY S

STREET ADDRESS

584 GOLDEN BEACH DRIVE

CITY-ST-ZIP

GOLDEN BEACH FL 33160

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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NAME

STREET ADDRESS

CITY-ST-ZIP

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: **Sandy S. Segall**

GP

07/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)