

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/27

**DOCUMENT #** A98-429

**1. Entity Name**  
The Cotton Family Limited Partnership

**Principal Place of Business**      **Mailing Address**

17631 Bocaire Way      17631 Bocaire Way  
Boca Raton, FL 33487      Boca Raton, FL 33487-1121

**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** 65-0990297      **Applied For**  
Not Applicable

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

**FILED**

01 NOV -9 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

A.F. Cotton, Inc.  
17631 Bocaire Way  
Boca Raton, FL 33487

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**9. Capital Contributions** as Shown on record.      **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 #	AFCotton Inc	STREET ADDRESS	
NAME	17631 BOCAIRE Way	CITY-ST-ZIP	
STREET ADDRESS	Boca Raton, FL 33487		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300004689963--6
STREET ADDRESS			-11/20/01--01083--001
CITY-ST-ZIP			*****526.25 *****8.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300004689963--6
STREET ADDRESS			-11/20/01--01083--001
CITY-ST-ZIP			*****526.25 *****8.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/20/01

Date

Daytime Phone #

CR2E003 (11/00)