

2002 UNIFORM BUSINESS REPORT (UBR)

0008679
AT

DOCUMENT # A98000000459

1. Entity Name
BOUWKAMP FAMILY LIMITED PARTNERSHIP

FILED

02 MAY -6 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
685 PALMER WAY
MELBOURNE FL 32940

Mailing Address
685 PALMER WAY
MELBOURNE FL 32940

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3473560
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOUWKAMP, BURTON H
685 PALMER WAY
MELBOURNE FL 32940

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date. \$0.00

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

| | | | |
|------------|-----------------------------|----------------|--------------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | BURTON H. BOUWKAMP, TRUSTEE | 685 PALMER WAY | MELBOURNE FL 32940 |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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: *Burton H. Bouwkamp* 4/8/02 (321) 253-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)