

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000831**

1. Entity Name  
**THE GLICKSMAN FAMILY PARTNERSHIP, LTD.**



Principal Place of Business  
**HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN  
4603 LAKE IN THE WOODS DR.  
SPRING HILL FL 34607**

Mailing Address  
**HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN  
4603 LAKE IN THE WOODS DR.  
SPRING HILL FL 34607**

APPROVED  
AND  
FILED

03 FEB -7 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3511330**

Applied For

Not Applicable

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

**COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS RD., STE. 230  
JACKSONVILLE FL 32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$795,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$702,000**

11. MAKE CHECK PAYABLE TO FL. 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  
STREET ADDRESS  
CITY-ST-ZIP  
**GLICKSMAN, HOWARD M M.D.  
4603 LAKE IN THE WOODS DR.  
SPRING HILLS FL 34607**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GLICKSMAN, BERNARDA  
4603 LAKE IN THE WOODS DR.  
SPRING HILLS FL 34607**

STREET ADDRESS

CITY-ST-ZIP

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02/07/03--01037--011 \*\*526.25**

CR2E003 (10/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/27/03**

**352-596-4658**

Date

Daytime Phone #