

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011582 AT

DOCUMENT # A98000001216

1. Entity Name  
DOUGLAS FAMILY LIMITED PARTNERSHIP



FILED

03 MAY -5 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

01.04

Principal Place of Business  
2920 PADDOCK ROAD  
WESTON FL 33331

Mailing Address  
2920 PADDOCK ROAD  
WESTON FL 33331



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0837927

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

NELSON, BARRY A  
C/O NELSON & LA FEMINA  
2775 SUNNY ISLES BLVD., STE. 118  
NORTH MIAMI BEACH FL 33160

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. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P98000016018  
NAME DOUGLAS FAMILY HOLDINGS, INC.  
STREET ADDRESS 2920 PADDOCK ROAD  
CITY-ST-ZIP WESTON FL 33331

STREET ADDRESS

300017518443  
05/05/03--01001--012 \*\*526.25

CITY-ST-ZIP

DOCUMENT #  
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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: *DELEGATED BY MARC 1/29/03* 214-5912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 954-4406  
DATE 05/05/03

CR2E003 (10/02)