

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001377

1. Entity Name

SCHOFAM PARTNERS #1, LTD.

Principal Place of Business

17216 COURTLAND LANE  
BOCA RATON FL 33496-4933

Mailing Address

17216 COURTLAND LANE  
BOCA RATON FL 33496-5933

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

65-6271107

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALDOVIN, PAUL A  
1200 N FEDERAL HWY  
SUITE 417  
BOCA RATON FL 33432

BALDOVIN, PAUL A.  
201 N.E. FIRST AVE.  
DELRAY BEACH FL 33444

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 N/A CHANGE OF ADDRESS ONLY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$712,826.

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  
STREET ADDRESS  
CITY - ST - ZIP  
SCHOKE, JAMES A ~~TRUSTEE~~ GENERAL PARTNER  
17216 COURTLAND LANE  
BOCA RATON FL 33496-5933

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SCHOKE, ELAYNE R ~~TRUSTEE~~ GENERAL PARTNER  
17216 COURTLAND LANE  
BOCA RATON FL 33496-5933

STREET ADDRESS  
CITY - ST - ZIP  
500003223765--8  
04/25/00 01100-017  
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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

Date

Daytime Phone

JAMES A. SCHOKE, GENERAL PARTNER 561/479-0786

CR2E003 (9/99)

FILED

00 APR 18 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE