

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001431**

1. Entity Name

NUGENT FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**3796 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**

Mailing Address

**3796 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33436**

FILED

01 SEP 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-0842930

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

COLNU CORP.

**3796 QUAIL RIDGE DRIVE
BOYNTON BEACH FL 33434**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,429,956.00

10. Amount of Capital Contributions
in FLORIDA to date.

- 0 -

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 # **P98000039177**
NAME **COLNU, CORP.**
STREET ADDRESS **3796 QUAIL RIDGE DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000004623280--7

10/04/01-01046-002

******541.25 ****541.25**

DOCUMENT #
NAME **5: 482.50 - 48**
STREET ADDRESS **88-75-1042**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

Margaret C. Nugent

SIGNATURE:

Margaret C. Nugent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/24/01 919-542-3165
Date Daytime Phone #

CR2E003 (5/01)