

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001489

1. Entity Name

KASTEN FAMILY PARTNERSHIP, LTD.

Principal Place of Business

5080 N. Ocean Drive  
Apt. #15C  
Singer Island, FL  
33404

Mailing Address

5080 N. Ocean Drive  
Apt. #15C  
Singer Island, FL  
33404

2. Principal Place of Business

(see above)

3. Mailing Address

(see above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

00 JUL 24 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED 2/7/24

6. Name and Address of Current Registered Agent

Daniel F. Carbone, Esq.  
2655 N. Ocean Drive - Suite #300  
Singer Island, FL 33404

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

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.

\$400,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$400,000.00

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 John P. Kasten  
STREET ADDRESS 35 Woodleaf Court  
CITY-ST-ZIP Novato, CA 94945  
DOCUMENT #  
NAME Jane K. Fontaine  
STREET ADDRESS 17036 Freshwinds Circle  
CITY-ST-ZIP Jupiter, FL 33477

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800003343118--2  
-08/02/00--01010--003  
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STREET ADDRESS

CITY-ST-ZIP

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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: Jane K. Fontaine 4/27/2000 (561) 744-6671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)