

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001496

1. Entity Name  
FRONT STREET PARTNERS, LTD.

Principal Place of Business  
201 FRONT STREET, SUITE 107  
KEY WEST FL 33040

Mailing Address  
201 FRONT STREET, SUITE 107  
KEY WEST FL 33040

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number 59-2408232

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

SCALES, EDWIN A ESQ  
201 FRONT STREET, SUITE 110  
KEY WEST FL 33040

Name  
Edwin O. Swift, III  
Street Address (P.O. Box Number is Not Acceptable)  
201 FRONT STREET SUITE 224  
City  
KEY WEST FL Zip Code  
33040

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

Edwin O. Swift, III 9/19/01

9. Capital Contributions  
as Shown on record. \$4,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P98000054535  
NAME FRONT STREET PARTNERS, INC.  
STREET ADDRESS 201 FRONT STREET, SUITE 224  
CITY-ST-ZIP KEY WEST FL 33040

STREET ADDRESS  
CITY-ST-ZIP 000004676000-0  
-11/13/01--01071--021  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Edwin O. Swift, III 9/19/01 (603) 394-4143

Date

Daytime Phone #

0000512 AT

CR2E003 (5/01)

STAPLE CHECK HERE