

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001496**

1. Entity Name

FRONT STREET PARTNERS, LTD.

Principal Place of Business

Mailing Address

**201 FRONT STREET, SUITE 107
KEY WEST FL 33040**

**201 FRONT STREET, SUITE 107
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2408232

Applied For

Not Applicable

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

SWIFT, EDWIN O III

**201 FRONT STREET, SUITE 107
KEY WEST FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

201 FRONT STREET, SUITE 224

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)
Signature of registered agent and title if applicable.

3-15-02
DATE

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

8000005168988--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

03/26/02--01044--003

*****526.25 ***526.25**

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

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-15-02
Date

(305) 296-3609
Daytime Phone #

0009262 AT

CR2E003 (9/01)

STAPLE CHECK HERE

FILED
02 MAR 18 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

