

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001523

1. Entity Name
THE SHELDON A. PERLICK FAMILY LIMITED PARTNERSHI

Principal Place of Business
**2770 SOUTH OCEAN DRIVE, #401 - NORTH
PALM BEACH FL 33480**

Mailing Address
**2770 SOUTH OCEAN DRIVE, #401 - NORTH
PALM BEACH FL 33480**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**PERLICK, ESTHER
2770 SOUTH OCEAN DRIVE, #401 - NORTH
PALM BEACH FL 33480**

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. **\$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 #	NAME	STREET ADDRESS	
	PERLICK, ESTHER TRUSTEE		
STREET ADDRESS	2770 SOUTH OCEAN DRIVE, #401 - NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
	PERLICK, ESTHER TRUSTEE		
STREET ADDRESS	2770 SOUTH OCEAN DRIVE, #401 - NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH FL 33480		
DOCUMENT #	NAME	STREET ADDRESS	
	PERLICK, JAMES H TRUSTEE		
STREET ADDRESS	2770 SOUTH OCEAN DRIVE, #401 - NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH FL 33480		
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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: **ESTHER PERLICK, Trustee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
6-15-01 561-582-1314
Date Daytime Phone #

FILED

01 SEP -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0266977** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

0008457 AF

CR2E003 (11/00)