

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001583

1. Entity Name  
THE BECK FAMILY LIMITED PARTNERSHIP



FILED

03 APR 11 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
112 ISLAND DRIVE SOUTH  
OCEAN RIDGE FL 33435

Mailing Address  
112 ISLAND DRIVE SOUTH  
OCEAN RIDGE FL 33435



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0846110

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

FORBES, PHILIP H  
% BUTZEL LONG  
1200 NORTH FEDERAL HIGHWAY, #411  
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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  
CITY-ST-ZIP  
BECK, GEORGE T TRUSTEE  
112 ISLAND DRIVE SOUTH  
OCEAN RIDGE FL 33435

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BECK, JOAN M TRUSTEE  
112 ISLAND DRIVE SOUTH  
OCEAN RIDGE FL 33435

STREET ADDRESS  
CITY-ST-ZIP

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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:

*George T Beck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/03

Date

(561) 738-9426

Daytime Phone #

CR2E003 (10/02)

0012289 AT