

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001685

1. Entity Name

PCR FAMILY LIMITED PARTNERSHIP

Principal Place of Business

2330 NE 8TH STREET
FT. LAUDERDALE FL 33304

Mailing Address

P.O. BOX 237
MYSTIC CT 06355-0237

2. Principal Place of Business

Spyglass Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

06-1514478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, PETER C

SPYGLASS LANE, APT. 1202 A

SOUTH PASSAGE

VERO BEACH FL 32963

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

Peter C Ross

4/17/00

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.

\$11,218.00

10. Amount of Capital Contributions
in FLORIDA to date.

11318

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
STREET ADDRESS
CITY - ST - ZIP
ROSS, PETER C
SPYGLASS LANE, APT. 1202 A SOUTH PASSAGE
VERO BEACH FL 32963

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

400003267204--6
-05/25/00--01092--008
****167.98 ****167.98

STREET ADDRESS

CITY - ST - ZIP

FF \$167.98

DOCUMENT #
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CITY - ST - ZIP

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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:

Peter C Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/00
Date

Daytime Phone #

FILED

00 MAY 25 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CF 1E:003 (9/9)