

2001 UNIFORM BUSINESS REPORT (UBR)

0019848 AB

DOCUMENT # A98000001685

1. Entity Name

PCR FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1202 A SPYGLASS LANE

1201-A

VERO BEACH FL 32963

Mailing Address

P.O. BOX 237

MYSTIC CT 06355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

ROSS, PETER C
SPYGLASS LANE, APT. 1202 A
SOUTH PASSAGE
VERO BEACH FL 32963

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

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.

\$11,318.00

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

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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

8 Mar 01 860-536-6081
Date Daytime Phone #

CR2E003 (11/00)