

2001 UNIFORM BUSINESS REPORT (UBR)

000002 AF

DOCUMENT # **A98000001970**

1. Entity Name

DOVERSPIKE FAMILY, LTD.

FILED

Principal Place of Business

**10675 QUAIL COVEY ROAD
BOYNTON BEACH FL 33436**

Mailing Address

**10675 QUAIL COVEY ROAD
BOYNTON BEACH FL 33436**

**01 MAR 12 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879530

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

**BELSON, STEVEN A
2000 GLADES ROAD, SUITE 306
BOCA RATON FL 33431**

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.

\$4,291,249.16

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 # **P98000091250**
NAME **DOVERSPIKE CORPORATION**
STREET ADDRESS **10675 QUAIL COVEY ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

Eleanor M. Doverspike, Pres.

SIGNATURE: *Eleanor M. Doverspike*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Doverspike Corp., Gen. Partner

2/26/01

Date

561-738-7750

Daytime Phone #

CR2E003 (11/00)