

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002094

1. Entity Name

LIPSON FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1502 CAYMAN WAY. #A4  
COCONUT CREEK FL 33066

Mailing Address

1502 CAYMAN WAY. #A4  
COCONUT CREEK FL 33066-1400

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

65-0863746

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

ASARCH, STEVEN J ESQUIRE  
7777 GLADES ROAD, SUITE 200  
BOCA RATON FL 33434

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.

\$1,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

953,000

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 # P98000068268  
NAME LIPSON FAMILY ENTERPRISES, INC.  
STREET ADDRESS 1502 CAYMAN WAY, #A4  
CITY - ST - ZIP COCONUT CREEK FL 33066

STREET ADDRESS

CITY - ST - ZIP

000002209490-7  
-04/14/00--01006--020  
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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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00 954-877-4844  
Date Daytime Phone #  
3/27/00

APPROVED  
AND  
FILED

00 MAR 29 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)