

2001 UNIFORM BUSINESS REPORT (UBR)

0006091 AF

DOCUMENT # **A98000002266**

1. Entity Name

GARY LAND FAMILY LIMITED PARTNERSHIP

FILED

Principal Place of Business

**4565 POWERLINE ROAD
OAKLAND PARK FL 33304**

Mailing Address

**1647 NE 3RD CT.
FT. LAUDERDALE FL 33304**

01 APR 23 PM 12:11

**SECRETARY OF STATE
TALLAHASSEE**



2. Principal Place of Business

3. Mailing Address

7668 BELLA VERDE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

DELRAY BEACH

4. FEI Number

65-0875853

Applied For

Not Applicable

Zip

Country

Zip

Country

33446

FLORIDA

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

LAND, KEVIN

**4565 POWERLINE ROAD
OAKLAND PARK FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

200004214782--5

-05/14/01--01080--025

******438.75 ****438.75**

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.

(NOT: Registered Agent's signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

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 # **P98000084501**
NAME **GARY LAND MANAGEMENT, INC.**
STREET ADDRESS **4565 POWERLINE ROAD**
CITY-ST-ZIP **OAKLAND PARK FL 33304**

STREET ADDRESS

CITY-ST-ZIP

350.00-LP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

88.75-Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/19/01 861-638-9049

CR2E003 (11/00)