

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002391

1. Entity Name

THE ROTHCHILD FAMILY LIMITED PARTNERSHIP

FILED

01 AUG 21 PM 12:17

Principal Place of Business

C/O MR. & MRS. HERBERT ROTHCHILD  
4754 TREE FERN DRIVE  
DELRAY BEACH FL 33445

Mailing Address

C/O MR. & MRS. HERBERT ROTHCHILD  
4754 TREE FERN DRIVE  
DELRAY BEACH FL 33445

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number

65-0868888

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

WACHS, JEFFREY S ESQ.  
1177 S.E. THIRD AVENUE  
FORT LAUDERDALE FL 33316

Name

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

000004557020--7

-08/27/01--01024--003

City

\*\*\*550.00

\*\*\*550.00

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.

\$5,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

5,000.

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 #  
NAME ROTHCHILD, HERBERT  
STREET ADDRESS 4754 TREE FERN DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME ROTHCHILD, AUDREY  
STREET ADDRESS 4754 TREE FERN DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33445

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

7-20-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE