

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012168 AT

DOCUMENT # **A98000002677**

1. Entity Name

**THE STOLFI LIMITED PARTNERSHIP**

FILED

02 FEB 27 AM 9: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**10590 LIMEBERRY DRIVE  
BOYNTON BEACH FL 33436**

Mailing Address

**10590 LIMEBERRY DRIVE  
BOYNTON BEACH FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0889769**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FICK, RONALD L  
C/O DUNWODY WHITE & LANDON, P.A.  
239 SOUTH COUNTY ROAD, SUITE 300  
PALM BEACH FL 33480**

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

*Marie R. Stolfi*

*2/14/2002*

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,500,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STOLFI, MARIE R TRUSTEE  
10590 LIMEBERRY DRIVE  
BOYNTON BEACH FL 33436**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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

SIGNATURE:

*Marie R. Stolfi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)