

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006327 AF

**DOCUMENT # A98000002721**

1. Entity Name

**ARRP FAMILY LIMITED PARTNERSHIP, LTD.**

**FILED**

01 JAN 24 AM 11:25

Principal Place of Business

190 N. COMPASS DRIVE  
FT. LAUDERDALE FL 33308

Mailing Address

190 N. COMPASS DRIVE  
FT. LAUDERDALE FL 33308

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0881379

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

**COPPOLA, ROBERT C**  
190 N. COMPASS DRIVE  
FT. LAUDERDALE FL 33308

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.

**\$2,500,000.00**

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	COPPOLA, ROBERT C
STREET ADDRESS	190 N. COMPASS DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
DOCUMENT #	
NAME	COPPOLA, PATRICE M
STREET ADDRESS	190 N. COMPASS DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

STREET ADDRESS	900003602829-9
CITY-ST-ZIP	-01/30/01--01131--005 ****535.00 ****535.00
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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: *Robert Coppola* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/01 (954) 972-2299  
Date Daytime Phone #

CR2E003 (11/00)