

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002871**

1. Entity Name

HARRISON PARTNERS, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 10:33

Principal Place of Business

2485 NORTH PARK ROAD
HOLLYWOOD FL 33021

Mailing Address

% THOMAS S. CARLES
119 CHERRY HILL ROAD
PARSIPPANY NJ 07054-1114

2. Principal Place of Business

18691 LAKESIDE WAY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 125

City & State

TEQUESTA, FLORIDA
Zip 33469 Country U.S.A.

City & State

Zip Country

4. FEI Number

65-0890834 APPLIED FOR

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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.

\$841,403.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

HARRISON, GERTRUDE
2485 NORTH PARK ROAD
HOLLYWOOD FL

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

FRANK, LINDA
18691 LAKESIDE WAY
TEQUESTA FL 33469

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

18691 LAKESIDE WAY
TEQUESTA, FL 33469

STREET ADDRESS

CITY - ST - ZIP

18691 LAKESIDE WAY
TEQUESTA, FL 33469

STREET ADDRESS

CITY - ST - ZIP

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****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Linda Frank
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/00
561-747-3247