

2001 UNIFORM BUSINESS REPORT (UBR)

0013622 AF

DOCUMENT # A98000002891

1. Entity Name

SCHAFFER INVESTMENTS, LTD.

FILED

Principal Place of Business

168 INDIAN MOUND TRAIL
TAVERNIER FL 33070

Mailing Address

168 INDIAN MOUND TRAIL
TAVERNIER FL 33070

01 JAN 29 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite/Apt. #, etc.

City & State

Zip

Country

88005 OVERSEAS HWY

10-164

ISLAMORADA FL

33036-6000

USA

4. FEI Number

65-0884979

Applied For

Not Applicable

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

WARREN SCHAFFER
168 INDIAN MOUND TRAIL
TAVERNIER FL 33070

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 Warren Schaffer

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 # P98000104070
NAME SCHAFFER CONSULTANTS, INC.
STREET ADDRESS 144 SEVERINO DRIVE
CITY-ST-ZIP ISLAMORADA FL 33035

STREET ADDRESS 168 INDIAN MOUND TRAIL
CITY-ST-ZIP TAVERNIER FL 33070

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/17/01

Date

305-972-8448

Daytime Phone #

CR2E003 (11/00)