

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008223 AT

DOCUMENT # **A98000002891**

1. Entity Name

**SCHAFFER INVESTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03



Principal Place of Business

**168 INDIAN MOUND TRAIL  
TAVERNIER FL 33070**

Mailing Address

**89005 OVERSEAS HIGHWAY  
10-164  
ISLAMORADA FL 33036-6000**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**WARREN SCHAFFER  
168 INDIAN MOUND TRAIL  
TAVERNIER FL 33070**

7. Name and Address of New Registered Agent

Name

**WARREN SCHAFFER**

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

**88005 OVERSEAS HWY**

**APT 10-164**

City

**ISLAMORADA**

FL

Zip Code

**33036**

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.

**WARREN SCHAFFER**

**1/15/02**

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

DOCUMENT # **P98000104070**  
NAME **SCHAFFER CONSULTANTS, INC.**  
STREET ADDRESS **168 INDIAN MOUND TRAIL**  
CITY-ST-ZIP **TAVERNIER FL 33070**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**7000004925107--0**

**-02/14/02-01033-006**

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
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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:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**305-972-8448**  
**1/15/02**

CR2E003 (9/01)