

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000154

1. Entity Name

THE KAYE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:33

Principal Place of Business

5608 MULBERRY DRIVE
TAMARAC FL 33319

Mailing Address

5608 MULBERRY DRIVE
TAMARAC FL 33319-6128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Barbara Greenleaf

3. Mailing Address

c/o Barbara Greenleaf

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3905 State St #7 PMB 270

3905 State St #7 PMB 270

City & State

City & State

Santa Barbara, CA

Santa Barbara, CA

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

93105

USA

Zip

Country

93105

USA

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

REINSTEIN, JOEL ESQ.

5355 TOWN CENTER ROAD, SUITE 801

BOCA RATON FL 33486

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

\$6,689,000.00

10. Amount of Capital Contributions

in FLORIDA to date: \$6,685,066.10

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 GREENLEAF, BARBARA K
STREET ADDRESS 5608 MULBERRY DRIVE
CITY - ST - ZIP TAMARAC FL 33319

STREET ADDRESS 3905 State St #7 PMB 270
CITY - ST - ZIP Santa Barbara, CA 93105

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP 200003299682--7
-06/21/00--01099--005
***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

Barbara K Greenleaf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-00

Date

Daytime Phone #

16461003 003 003 003