

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000243

1. Entity Name

THE BYLCIW FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 1:33

Principal Place of Business

16 SHELDRAKE LANE
PALM BEACH GARDENS
FL. 33418

Mailing Address

16 SHELDRAKE LANE
PALM BEACH GARDENS
FL. 33418

2. Principal Place of Business

NO CHANGE

Suite, Apt. #, etc.

3. Mailing Address

NO CHANGE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTER N. BYLCIW
16 SHELDRAKE LANE
PALM BEACH GARDENS
FL 33418

7. Name and Address of New Registered Agent

Name

NO CHANGE

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.

NO CHANGE

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.

0

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # A99000000243
NAME WALTER N & MARY C. BYLCIW
STREET ADDRESS 16 SHELDRAKE LANE
CITY-ST-ZIP PALM BEACH GARDENS FL. 33418

13. ADDRESS CHANGES ONLY

STREET ADDRESS

NO CHANGE

CITY-ST-ZIP

STREET ADDRESS

900003296269-9

CITY-ST-ZIP

-06/20/00--01011--015

****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

WALTER N. BYLCIW

4-24-00

561-627-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)