

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000304

1. Entity Name

FEURRING FAMILY, LTD.

Principal Place of Business

200 RIVERSIDE BLVD.. APT. #31-C  
NEW YORK NY 10069

Mailing Address

200 RIVERSIDE BLVD.. APT. #31-C  
NEW YORK NY 10069

FILED

02 FEB 19 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0896654

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BELSON, STEVEN A ESQ  
NATIONSBANK BLDG  
2000 GLADES RD SUITE 306  
BOCA RATON FL 33431

Name

## 7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record. \$5,841,000.00

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 # P98000100332  
NAME J.N. FEURRING CORP.  
STREET ADDRESS 200 RIVERSIDE BLVD., APT. #31-C  
CITY-ST-ZIP NEW YORK NY 10069

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005022022--5

-02/26/02--01078--021  
\*\*\*\*535.00 \*\*\*\*535.00

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: *Joseph M. Feurring*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/02 (561) 483-8400

Daytime Phone #

0005207

AT

CR2E003 (9/01)

STAPLE CHECK HERE