

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000304

1. Entity Name  
**FEURRING FAMILY, LTD.**



03 APR 29 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

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

4/29



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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.

**MAKE CHECK PAYABLE TO FL 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 #  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Joyce N. Feurring** *Joyce N Feurring* **4/25/03**

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE