

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000324

1. Entity Name
THE HICKMORE FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 29 PM 3:00

10/08

Principal Place of Business
C/O MR. NORMAN HICKMORE
1524 S.W. 18TH TERRACE
FORT LAUDERDALE FL 33312

Mailing Address
C/O MR. NORMAN HICKMORE
1524 S.W. 18TH TERRACE
FORT LAUDERDALE FL 33312



2. Principal Place of Business
1455 SW 157TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1455 SW 157TH AVENUE
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
PEMBROKE PINES, FL.
Zip
33027
Country

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Zip
33027
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4. FEI Number 65-0899609
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKMORE, NORMAN
1524 S.W. 18TH TERRACE
FORT LAUDERDALE FL 33312-4131

CHANGE ADDRESS

7. Name and Address of New Registered Agent

Name
HICKMORE, NORMAN
Street Address (P.O. Box Number is Not Acceptable)
1455 SW 157TH AVENUE
City
PEMBROKE PINES FL Zip Code
33027

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. \$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$135,000.00

11. 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 #
NAME
HICKMORE, NORMAN
STREET ADDRESS
1524 S.W. 18TH TERRACE
CITY-ST-ZIP
FORT LAUDERDALE FL 33312

STREET ADDRESS
1455 SW 157TH AVENUE
CITY-ST-ZIP
PEMBROKE PINES, FL. 33027

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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500023377695
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/22/03

305-586-7613

Date

Daytime Phone #

001169 AT

CR2E003 (10/02)