

# 2002 UNIFORM BUSINESS REPORT (UBR)

001137 AT

DOCUMENT # A99000000451

FILED

1. Entity Name

KRUPNICK FAMILY LIMITED PARTNERSHIP

02 FEB 18 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

700 S.E. THIRD AVENUE, SUITE 100  
FORT LAUDERDALE FL 33316

700 S.E. THIRD AVENUE, SUITE 100  
FORT LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0904421

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

DAVIS, JAMES B  
C/O BERGER DAVID & SINGMAN  
100 N.E. 3RD AVENUE, SUITE 400  
FORT LAUDERDALE FL 33301

Name

JON E KRUPNICK

Street Address (P.O. Box Number is Not Acceptable)

700 S.E. 3rd AVE SUITE 100

City

FL. Lauderdale

FL

Zip

33316

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

*Jon E Krupnick*  
Signature, typed or printed name of registered agent and title if applicable.

GENERAL PARTNER 1-24-02

DATE

9. Capital Contributions  
as Shown on record.

\$2,400,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KRUPNICK, JON E  
700 S.E. THIRD AVENUE, SUITE 100  
FORT LAUDERDALE FL 33316

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KRUPNICK, ELAINE P  
700 S.E. THIRD AVENUE, SUITE 100  
FORT LAUDERDALE FL 33316

STREET ADDRESS

CITY-ST-ZIP

700005022407--3

-02/26/02--01089--016

\*\*\*\*\*437.50 \*\*\*\*\*437.50

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-24-02

Date

Daytime Phone #

954-

763-8181

CR2E003 (9/01)