

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 990000000630

1. Entity Name

The Martin and Cheryl Turchin  
Family Limited Partnership

Principal Place of Business

Mailing Address

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 12 AM 11:50

2. Principal Place of Business

3. Mailing Address

3060 MIRO DRIVE So

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GONS, FL

4. FEI Number

65-6292592

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CHERYL Turchin

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

3060 MIRO DRIVE So

City

PALM BEACH GONS

FL

Zip Code

33410

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

Cheryl Turchin

5-9-00

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.

50,000

10. Amount of Capital Contributions  
in FLORIDA to date.

50,000

**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

CHERYL Turchin  
3060 MIRO DRIVE So 33410  
PALM BEACH GONS FL ~~33410~~

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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)(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

Cheryl Turchin

5-9-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #