

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000878

1. Entity Name

THE STAPLES FAMILY LIMITED PARTNERSHIP

Principal Place of Business

11780 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH FL 33408-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924177

Applied For

Not Applicable

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

FHS CORPORATE SERVICES, INC.  
11780 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH FL 33408

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.

SIGNATURE

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.

\$3,000,000.00

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  
STAPLES, HELEN W  
STREET ADDRESS  
1322 DEVONSHIRE WAY, UNIT 322  
CITY - ST - ZIP  
PALM BEACH GARDENS FL 33418

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STAPLES, ALVA TERRY  
STREET ADDRESS  
215 ST. PAUL STREET, #290  
CITY - ST - ZIP  
DENVER CO 80206

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
ARMS, SUSAN S  
STREET ADDRESS  
1206 RIVER ROAD (BOX 168)  
CITY - ST - ZIP  
OLD MYSTIC CT 06372

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
DONALD, ANDREA S  
STREET ADDRESS  
93 MAIN STREET  
CITY - ST - ZIP  
FARMINGTON CT 06032

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS  
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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

Susan S. Arms

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 6, 2000 860-536-4890  
Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05



DO NOT WRITE IN THIS SPACE