

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001056 ✓

1. Entity Name

LEE J. ABBOTT LIMITED PARTNERSHIP

Principal Place of Business

2791 VILLAGE BLVD., SUITE 106
WEST PALM BEACH FL

Mailing Address

2791 VILLAGE BLVD., SUITE 106
WEST PALM BEACH FL 33409-6929



2. Principal Place of Business

3261 SE QUAY ST

Suite, Apt. #, etc.

3. Mailing Address

3261 SE QUAY ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

34984

Country

Zip

34984

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, LEE J

2791 VILLAGE BLVD., SUITE 106
WEST PALM BEACH FL

7. Name and Address of New Registered Agent

Name

ABBOTT, LEE J

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

3261 SE QUAY STREET

City

PORT ST LUCIE

FL

Zip Code

34984

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

Lee J. Abbott

LEE J. ABBOTT

4-19-00

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.

\$5,610.00

10. Amount of Capital Contributions
in FLORIDA to date.

5610.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

ABBOTT, LEE J
2791 VILLAGE BLVD., SUITE 106
WEST PALM BEACH FL

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

3261 SE QUAY STREET

PORT ST LUCIE FL 34984

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 MAY -1 AM 10:21
FILED

1000003287001--5

-06/13/00--01049--016

****141.25 ****141.25

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:

LEE J. ABBOTT
Lee J. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-00

Date

561 344 4429

Daytime Phone #