

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006703 AF

DOCUMENT # **A99000001155**

1. Entity Name  
**LASHMAN FAMILY PARTNERSHIP, LTD.**

**FILED**  
**01 APR -9 AM 11:09**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**631 SW 44TH AVE.  
FT. LAUDERDALE FL 33317**

Mailing Address  
**631 SW 44TH AVE.  
FT. LAUDERDALE FL 33317**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**13591 McGregg Blvd #19**  
Suite, Apt. #, etc.  
**#19**  
City & State  
**FT Meyers, FL 33919**  
Zip  
**33919**

4. FEI Number  
**65-0831640** **APPLIED FOR**

Applied For  
Not Applicable

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET, STE 2800  
MIAMI FL 33131-2144**

7. Name and Address of New Registered Agent  
Name  
**Estelle J. Lashman**  
Street Address (P.O. Box Number is Not Acceptable)  
**631 S.W. 44th Ave**  
City  
**Plantation** **FL** Zip Code  
**33317**

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 **Estelle J. Lashman**

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. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **10,000-**

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  
**LASHMAN, MORTON E  
631 SW 44TH AVE.  
FT. LAUDERDALE FL 33317**

STREET ADDRESS  
CITY-ST-ZIP  
**13591 McGregg Blvd #19  
FT Meyers, FL 33919**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LASHMAN, ESTELLE J  
631 SW 44TH AVE.  
FT. LAUDERDALE FL 33317**

STREET ADDRESS  
CITY-ST-ZIP  
**13591 McGregg Blvd #19  
FT. Meyers, FL 33919**

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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: **Estelle J. Lashman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-19-01 (954) 316-0606**  
Date Daytime Phone #

CR2E003 (11/00)