

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001157**

1. Entity Name

ANSBRO FAMILY PARTNERSHIP, LTD.

FILED

00 FEB -3 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O CHRISTINE F. REDSICKER 200 S.W. 16TH STREET POMPANO BEACH FL 33060	Mailing Address C/O CHRISTINE F. REDSICKER 200 S.W. 16TH STREET POMPANO BEACH FL 33060-9123
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0937679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REDSICKER, CHRISTINE F
200 S.W. 16TH STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
9. Capital Contributions as Shown on record. \$1,980,000.00	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	P99000063451 ANSBRO FAMILY CORPORATION 200 S.W. 16TH STREET POMPANO BEACH FL 33060	STREET ADDRESS	
		CITY - ST - ZIP	9000003125069--0
			02/07/00--01009--008
			****526.25 ****526.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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 PROVIDED** **1-25-00** **954-941-8507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #