

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001469

1. Entity Name  
SCHWARTZ FAMILY REALTY, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

Principal Place of Business  
11714 BRIARWOOD CIRCLE  
BOYNTON BEACH FL 33437

Mailing Address  
11714 BRIARWOOD CIRCLE  
BOYNTON BEACH FL 33437-1911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHWARTZ, IRVING  
11714 BRIARWOOD CIRCLE  
BOYNTON BEACH FL 33437

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.

\$1,000.00

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  
SCHWARTZ, WILLIAM I  
1608 SPRUCE STREET  
PHILADELPHIA PA 33437

STREET ADDRESS  
CITY - ST - ZIP  
13155 ATLANTIC BLVD,  
JACKSONVILLE, FL 32225

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP  
900003230353 7  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)