

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001733

1. Entity Name

HYMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business

~~6665 N.W. 113TH WAY~~
PARKLAND FL 33076

Mailing Address

~~3998 FAU BLVD., STE. 200~~
BOCA RATON FL 33431

FILED

01 MAY -4 PM 12:37

SECRETARY OF STATE,



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7766 N.W. 128 AV.

3. Mailing Address

Suite, Apt. #, etc.
3701 FAU Blvd - Ste 210
City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

Name

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

City

FL

Zip Code

FENNER, JOHN P

~~3998 FAU BLVD., STE. 200~~
BOCA RATON FL 33431

3701 FAU Blvd - Ste 210

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

John Fenner JOHN FENNER

4/30/01

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.

\$25,000.00

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

HYMAN, MARK
~~6665 N.W. 113TH WAY~~
PARKLAND FL 33076

STREET ADDRESS

CITY-ST-ZIP

7766 N.W. 128 Ave

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

HYMAN, LISA
~~6665 N.W. 113TH WAY~~
PARKLAND FL 33076

STREET ADDRESS

CITY-ST-ZIP

7766 N.W. 128 Ave

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400004368114--3
-06/06/01--01088--008
****263.75 ****263.75

DOCUMENT #
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CITY-ST-ZIP

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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

SIGNATURE:

John Fenner General Counsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

561-750-5044

Daytime Phone #