

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001766

1. Entity Name

SUDBRINK FAMILY LIMITED PARTNERSHIP

Principal Place of Business

3900 OCEAN DRIVE, APT. 17GH
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

3900 OCEAN DRIVE, APT. 17GH
LAUDERDALE-BY-THE-SEA FL 33308-5904

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



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

NELSON, BARRY A ESQ.

C/O NELSON & ASSOCIATES, P.A.

19495 BISCAYNE BLVD., SUITE 609

AVENTURA FL 33180

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.

\$5,000,000.00

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 # P99000070048
NAME SUDBRINK FAMILY HOLDINGS, INC.
STREET ADDRESS 3900 OCEAN DRIVE, APT. 17GH
CITY - ST - ZIP LAUDERDALE-BY-THE-SEA FL 33308

STREET ADDRESS

CITY - ST - ZIP

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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

Margaret S. Seidbrink April 24-2000
Date 954-491-7337

CR2E003 (9/99)