

2000 UNIFORM BUSINESS REPORT (UBR)

0006964 AF

DOCUMENT # L99000001393

1. Entity Name
FRANKEL PARTNERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 2:22

Principal Place of Business

200 ADMIRALS COVE BLVD
JUPITER FL 33477

Mailing Address

200 ADMIRALS COVE BLVD
JUPITER FL 33477-4046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0902159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HYMAN, SHERRY L
200 ADMIRALS COVE BLVD
JUPITER FL 33477

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FRANKEL, BENJAMIN
200 ADMIRALS COVE BLVD
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
mf 2/23/00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FRANKEL, THOMAS
200 ADMIRALS COVE BLVD
JUPITER FL 33477 ☐ Delete

TITLE
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400003148944--2
-02/28/00--01021--011
*****50.00 *****50.00

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
SIGNATURE RTHOMASE Frankel

Date

Daytime Phone #

2-9-00 561-744-1033

CR2E083 (9/99)