

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000991**

1. Entity Name

GATOR HORIZON PARTNERS, LTD.

FILED

01 APR -6 PM 12:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

WJ

Principal Place of Business
**1595 NE 163RD STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address
**1595 NE 163RD STREET
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-1018026

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

**GOLDSMITH, JAMES A
1595 NE 163RD STREET
NORTH MIAMI BEACH FL 33162**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$10,000.00**

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 # **P0000062528**
NAME **GATOR HORIZON, INC.**
STREET ADDRESS **1595 NE 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

STREET ADDRESS
CITY-ST-ZIP
**000003994430--1
-04/12/01--01068--011
***158.75 ***158.75**

DOCUMENT #
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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: *James A. Goldsmith* **SIGNATURE REQUIRED** 4/2/01 305-949-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)