

2001 UNIFORM BUSINESS REPORT (UBR)

0006755 AF

DOCUMENT # **A19826**

1. Entity Name

1776 ASSOCIATES, LTD.

Principal Place of Business

1776 N. PINE ISLAND RD.
SUITE 318
PLANTATION FL 33322

Mailing Address

1776 N. PINE ISLAND RD.
SUITE 318
PLANTATION FL 33322

FILED
01 FEB -8 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-2523710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, ALLEN I

1776 NORTH PINE ISLAND ROAD, SUITE 318
PLANTATION FL 33322

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.

\$2,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

888,000.00

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

MORRIS, ALLEN I
2751 OAKMONT
FT. LAUDERDALE FL

STREET ADDRESS

CITY - ST - ZIP

900003677119--5

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

HILLMAN, DAVID H
1110 FIDLER LN. #310
SILVER SPRING MD

STREET ADDRESS

CITY - ST - ZIP

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***526.25 ***526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

MORRIS, NATHAN
ROUTE #2-BOX 875
STEVENSVILLE MD

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/16/01

954474-1726

CR2E003 (11/00)