

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25579**

1. Entity Name  
**DEERPOD ASSOCIATES, LTD.**

FILED

00 JAN 10 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1130 W. CYPRESS DR.  
POMPAÑO BEACH FL 33069

Mailing Address  
1130 W. CYPRESS DR.  
POMPAÑO BEACH FL 33069-4107

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0013217**

Applied For  
Not Applicable

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

**PODOLSKY, JERRY**  
1130 W. CYPRESS DR.  
POMPAÑO BEACH FL 33069

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. **\$300,000.00**

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	<b>PODOLSKY, JERRY</b> 1130 W. CYPRESS DR. POMPAÑO BEACH FL 33069	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F92000000881</b> <b>MIPOD, INC.</b> ONE WESTBROOK CORPORATE WESTCHESTER IL	STREET ADDRESS	<b>600003099906--8</b> <b>-01/14/00--01104--015</b> <b>***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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: *Jerry Podolsky* **SIGNATURE REQUIRED** **PODOLSKY** 1/6/2000 954 971-0542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)