

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28815**

1. Entity Name  
**BOYNTON BEACH LAKES, LTD.**

Principal Place of Business  
**815 W. BOYNTON BEACH BOULEVARD  
BOYNTON BEACH FL 33426**

Mailing Address  
**1946 TYLER STREET  
HOLLYWOOD FL 33020-4517**

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

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

City & State

City & State

Zip Country

Zip Country

4. FEI Number **31-1279323**

Applied For  
Not Applicable

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**

**ATKINSON, WILSON C., III  
1946 TYLER STREET  
HOLLYWOOD FL 33020**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,320,000.00**

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 **BRISBEN, WILLIAM O.**  
STREET ADDRESS **7800 E. KEMPER ROAD**  
CITY - ST - ZIP **CINCINNATI OH 45241**

STREET ADDRESS  
CITY - ST - ZIP **000003286550--3  
06/13/00--01029--010**

DOCUMENT #  
NAME **P22943  
W.O. BRISBEN COMPANIES INC.**  
STREET ADDRESS **7800 E. KEMPER ROAD**  
CITY - ST - ZIP **CINCINNATI OH**

STREET ADDRESS  
CITY - ST - ZIP **\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME **SCHULER, ROBERT E.**  
STREET ADDRESS **7800 E. KEMPER ROAD**  
CITY - ST - ZIP **CINCINNATI OH**

STREET ADDRESS  
CITY - ST - ZIP

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12. 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: *Robert E. Schuler* **ROBERT E. SCHULER** 4/25/00 (513) 489-1990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06



DO NOT WRITE IN THIS SPACE

C-2E (11) (9/01)