

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 19 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003445 AV

**DOCUMENT # A28915**

1. Entity Name  
**4400 UNIVERSITY LIMITED PARTNERSHIP**

Principal Place of Business  
**301 FIELDS LANE  
BREWSTER NY 10509-9808**

Mailing Address  
**10 Sevell Realty Partners, Inc  
2295 CORPORATE BLVD., NW, STE. 125-131  
BOCA RATON FL 33431**



2. Principal Place of Business  
**16 Mt. Elio Road south  
Suite, Apt. #, etc.  
Suite # 22  
City & State  
Brewster NY  
Zip  
10509  
Country  
USA**

3. Mailing Address  
**10 Sevell Realty Partners, Inc  
2295 Corporate Blvd NW # 131  
City & State  
Boca Raton, FL  
Zip  
33431  
Country  
USA**

**DUE BY MAY 1, 2002**

4. FEI Number **13-3538529** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SEVELL, ARNOLD  
% SEVELL & DUNCAN REALTY SERVICES INC. Realty Partners, Inc.  
2295 CORPORATE BLVD., NW, STE 125-131  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
Name **Sevell Arnold**  
Street Address (P.O. Box Number is Not Acceptable) **10 Sevell Realty Partners, Inc.  
2295 Corporate Blvd NW STE # 131**  
City **Boca Raton** **FL** Zip Code **33431**

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.

9. Capital Contributions as Shown on record. **\$3,300,000.00**

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 #		STREET ADDRESS	
NAME	<del>DROGIN, GERALD K.</del>	CITY-ST-ZIP	
STREET ADDRESS	<del>RD #3, BOX 443 C. LANE GATE ROAD</del>		
CITY-ST-ZIP	<del>COLD SPRING NY 10516</del>		
DOCUMENT #		STREET ADDRESS	<b>000005338590--2</b>
NAME	<b>DAVIS, BARRY M.</b>	CITY-ST-ZIP	<b>-04/19/02--01009--003</b>
STREET ADDRESS	<b>301 FIELDS LANE</b>		<b>****587.50 ****535.00</b>
CITY-ST-ZIP	<b>BREWSTER NY 10509-9808</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>GAMAR, PETER D.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>301 FIELDS LANE</b>		
CITY-ST-ZIP	<b>BREWSTER NY 10509-9808</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CP2E003 (9/01)

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** **1-18-02**

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