

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95C00001988**

1. Entity Name  
**TOPPEL PARTNERS LIMITED PARTNERSHIP**

**FILED**  
00 MAR 14 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
WR 3/16

Principal Place of Business  
7900 GLADES RD. STE. 420  
BOCA RATON FL 33434

Mailing Address  
7900 GLADES RD. STE. 420  
BOCA RATON FL 33434-4104



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0253593</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired                          |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|  |  |  |  |  |  |  |  |    |          |
|--|--|--|--|--|--|--|--|----|----------|
| 6. Name and Address of Current Registered Agent                              |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |          |
| <b>TOPPEL, JONATHAN-</b><br>7900 GLADES RD., STE. 420<br>BOCA RATON FL 33434 |  |  |  | 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. | <b>\$2,322,684.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | <b>3,000,000</b> | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S51867</b><br><b>TOPP-HILL FARMS, INC.</b><br>7900 GLADES ROAD; SUITE 420<br>BOCA RATON FL 33434 | STREET ADDRESS           | <b>FF \$526.25</b>                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>700003169987--2</b>                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           | <b>03/14/00 01125 014</b><br><b>***526.25 ***526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS           |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>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:** *Jonathan Toppel* **SIGNATURE REQUIRED** 3/2/00 541-451-4696  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)