

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000000437**

1. Entity Name

**CUMMINGS POINT LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02




DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7055 SOUTHEAST GREENVIEW PLACE  
HOBE SOUND FL 33455

Mailing Address  
27 SIGNAL ROAD  
STAMFORD CT 06902

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 **65-0842024**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. **\$7,000.00**

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 **DONAHUE, DONALD J**  
STREET ADDRESS **7055 SOUTHEAST GREENVIEW PLACE**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

STREET ADDRESS

CITY-ST-ZIP

**000003380410--5**

~~09/01/00-01069-025~~  
**\*\*\*\*541.25 \*\*\*\*541.25**

DOCUMENT #  
NAME **DONAHUE, NICHOLAS P**  
STREET ADDRESS **7055 SOUTHEAST GREENVIEW PLACE**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)