

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001049**

1. Entity Name

TOWN SQUARE OF DELRAY ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10: 02



DO NOT WRITE IN THIS SPACE

Principal Place of Business 277 S.E. 5TH AVENUE DELRAY BEACH FL 33483	Mailing Address 277 S.E. 5TH AVENUE DELRAY BEACH FL 33483
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLICKSTEIN, CARY
277 S.E. 5TH AVENUE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) **600003370306-1**

City **FL** Zip Code **08/23/00 01110-003**
******526.25 ****526.25**

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. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000051575 100 NORTH FEDERAL, INC. 277 S.E. 5TH AVENUE DELRAY BEACH FL 33483
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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**

Date **8/7/00** Daytime Phone # **561-279-8952**

CR2E003 (5/00)