

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001438

1. Entity Name
FERN DEVELOPMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 PM 12: 06



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7777 GLADES ROAD, STE 310
BOCA RATON FL 33434

Mailing Address
7777 GLADES ROAD, STE 310
BOCA RATON FL 33434-4150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip Country

Zip Country

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

FERN DEVELOPMENT CORP
7777 GLADES RD., STE 310
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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

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 # P99000078307
NAME FERN DEVELOPMENT CORP.
STREET ADDRESS 7777 GLADES RD., STE 310
CITY - ST - ZIP BOCA RATON FL

STREET ADDRESS

CITY - ST - ZIP

500003161965--8
-03/08/00--01047--012

STREET ADDRESS

CITY - ST - ZIP

****150.00 ****150.00

mf 3/6/00

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/21/00
Date

561-483-8400
Daytime Phone #

CF 1000000000