

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001439**

1. Entity Name  
**BIRCH DEVELOPMENT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 PM 12:06

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

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



DO NOT WRITE IN THIS SPACE

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BIRCH 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 \_\_\_\_\_

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 #	P99000078288	STREET ADDRESS	
NAME	BIRCH DEVELOPMENT CORP	CITY - ST - ZIP	200003161972--7
STREET ADDRESS	7777 GLADES RD., STE 310		03/08/00 01047-014
CITY - ST - ZIP	BOCA RATON FL		****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	mf 3/6/00
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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]      02/21/00      561-483-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)