

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001009 A:

**DOCUMENT # A99000002007**  
 1. Entity Name  
**ASCOT ENTERPRISES GROUP LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business  
**7000 W PALMETTO PARK ROAD, SUITE 200  
 BOCA RATON FL 33433**

Mailing Address  
**7000 W PALMETTO PARK ROAD, SUITE 200  
 BOCA RATON FL 33433-3430**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Dr. 5196 Lake CATALINA**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State **BOCA RATON FL**  
 Zip **33493** Country **U.S.A.**

City & State  
 Zip Country

4. FEI Number **65-0969576**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GARELLEK, STEVEN  
 7000 W PALMETTO PARK ROAD, SUITE 200  
 BOCA RATON FL 33433**

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. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000**

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	
DOCUMENT #	
NAME	<b>APPLEBAUM, JEFFREY MARC</b>
STREET ADDRESS	<b>7000 W PALMETTO PARK ROAD, SUITE 200</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33433</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>400003243124--5</b>
CITY - ST - ZIP	<b>05/08/00 01120 021              *****141.25 *****141.25</b>
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/99)