

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30665

1. Entity Name

GOLF TERRACE, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 AM 10:33

Principal Place of Business  
C/O DARYL B. CRAMER, P.A.  
515 NORTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH FL 33401-4325

Mailing Address  
C/O DARYL B. CRAMER, P.A.  
515 NORTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH FL 33401-4325



2. Principal Place of Business  
c/o Daryl Cramer & Asso., P.A.

3. Mailing Address  
c/o Daryl Cramer & Assoc., P.A.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
515 N. Flagler Dr., #910

Suite, Apt. #, etc.  
515 N. Flagler Dr., #910

City & State  
W.P.B., FL

City & State  
W.P.B., FL

4. FEI Number 65-0663136

Applied For  
Not Applicable

Zip 33401 Country US

Zip 33401 Country US

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

DARYL B. CRAMER, P.A.  
515 NORTH FLAGLER DRIVE, SUITE 910  
WEST PALM BEACH FL 33401-4325

Name  
Daryl Cramer & Associates, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
515 N. Flagler Dr., #910  
City W.P.B. FL Zip Code 33401

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 4/4/00

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. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$500,000.00

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 #	P95000067184	STREET ADDRESS	7A 526.25
NAME	GOLF TERRACE GENERAL PARTNER, INC.	CITY - ST - ZIP	8-75
STREET ADDRESS	515 NORTH FLAGLER DRIVE, SUITE 910		4000003290114--8
CITY - ST - ZIP	WEST PALM BEACH FL 33401-4325		-06/15/00--01004--006
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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

GOLF TERRACE GENERAL PARTNER, INC.

SIGNATURE: By:  DATE 4/27/00

Fabrizio Lucchese, Vice Pres. 905/882-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #