

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A99-981**

1. Entity Name

11301 U.S. Highway One, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 16 AM 10:02

nf

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4500 PGA Blvd., Suite 303A 4500 PGA Blvd., #303A
Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0930812

Applied For

Not Applicable

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

Stephanos, Diane L.
4500 PGA Blvd., Suite 303A
Palm Beach Gardens, FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

300003370293-4

-08/23/00--01110--001

City

****526.25 FL

****526.25 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. **\$3,465,000**

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 # **L99000004530**
NAME **Federal Highway Properties, LLC**
STREET ADDRESS **4500 PGA Blvd., Suite 303A**
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

STREET ADDRESS

CITY-ST-ZIP

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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:

Diane L. Stephanos RA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

810-00

561/691-9050

Date

Daytime Phone #

CR2E003 (9/99)