

2002 UNIFORM BUSINESS REPORT (UBR)

0012626 AT

DOCUMENT # A99000001049

1. Entity Name

TOWN SQUARE OF DELRAY ASSOCIATES, LTD.

FILED

02 FEB 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REJH



Principal Place of Business 277 S.E. 5TH AVENUE
DELRAY BEACH FL 33483

Mailing Address 277 S.E. 5TH AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 65-0933513 ☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

GLICKSTEIN, CARY
277 S.E. 5TH AVENUE
DELRAY BEACH FL 33483

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. **DATE** 1/25/02

9. Capital Contributions as Shown on record. \$400,000.00

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. 526.25
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 #	P99000051575	STREET ADDRESS	
NAME	100 NORTH FEDERAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	277 S.E. 5TH AVENUE		
CITY-ST-ZIP	DELRAY BEACH FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Cary Glickstein **DATE:** 1/25/02 **DAYTIME PHONE #:** 561 279 8952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

001799 AT

DOCUMENT # **A31450**

1. Entity Name

WELLINGTON MALL, LTD.

FILED

02 FEB 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BLH



Principal Place of Business

**675 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411**

Mailing Address

**675 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0164560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTAMARIA, CHRISTOPHER ESQ.
505 ROYAL PALM BEACH BLD.
ROYAL PALM BEACH FL 33411**

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.

DATE

9. Capital Contributions
as Shown on record.

\$950,000.00

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

DOCUMENT # **589080**
NAME **JESS SANTAMARIA/WALLY SANGER, INC.**
STREET ADDRESS **675 ROYAL PALM BCH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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******737.50 ****526.25**

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

1/30/02

Date

(561) 793-2350

Daytime Phone #

CP2E003 (9/01)