

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000336

1. Entity Name

BOCA HARBOUR TWO - SELECT HOME, LIMITED PARTNERS

FILED

Principal Place of Business

400 S DIXIE HWY  
STE 121  
BOCA RATON FL 33432

Mailing Address

400 S DIXIE HWY  
STE 121  
BOCA RATON FL 33432

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0986930

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

SCHIESS, MARIA  
400 S DIXIE HWY  
STE 121  
BOCA RATON FL 33432

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.

\$150,000.00  
~~\$0.00~~

10. Amount of Capital Contributions  
in FLORIDA to date.

150,000.00

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 # P99000072205  
NAME SELECT HOMES DEVELOPMENT, INC.  
STREET ADDRESS 400 S DIXIE HWY STE 121  
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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:

MARIA SCHIESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-03-01 (561)347-7642

Date

Daytime Phone #

CR2E003 (11/00)