

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003662

**DOCUMENT # A0000000985**

1. Entity Name  
**ALEXANDER CAPITAL PARTNERS, L.P.**

**FILED**  
**02 JAN 18 AM 12:13**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>15 EAST NORTH ST DOVER DE 19901</b>	Mailing Address <b>2300 CORPORATE BLVD NW STE 215 BOCA RATON FL 33431-8596</b>
---	---

2. Principal Place of Business <b>2300 CORPORATE BLVD, NW</b> Suite, Apt. #, etc. <b>SUITE # 215</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>BOCA RATON FL</b>	City & State
Zip <b>33431</b>	Country <b>USA</b>

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-1006903</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BONGARD, BURTON**  
**2300 CORPORATE BLVD NW**  
**STE 215**  
**BOCA RATON FL 33431-8596**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>0.00</b>	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 STREET ADDRESS CITY-ST-ZIP	<b>M00000001187 ALEXANDER MANAGEMENT PARTNERS, LLC 2300 CORPORATE BLVD NW STE 215 BOCA RATON FL 33431-8596</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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>8888884794178-8</b> <b>-01724/02--01049--008</b> <b>****141.25 ****141.25</b>
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]* **1/18/02** **(561) 994-5660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)