

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001173

1. Entity Name

COGRO, LTD., LLP

Principal Place of Business
1202 PARK AVENUE
WINTER PARK FL 32789

Mailing Address
1202 PARK AVENUE
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

59-3664327

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

POHL, FRANK
280 WEST CANTON AVENUE
WINTER PARK FL 32789

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.

\$4,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COHEN, ALAN M TRUSTEE
1202 PARK AVENUE
WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP
COHEN, ALAN M TRUSTEE
1202 PARK AVENUE
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NAME
STREET ADDRESS
CITY-ST-ZIP
GROSSMAN, RHODA TRUSTEE
4417 BARCLAY FAIRWAY
LAKE WORTH FL 33467

STREET ADDRESS

CITY-ST-ZIP

4386 James Estate Court
Lake Worth, Florida 33467

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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

SIGNATURE:

SIGNATURE REQUIRED

9/19/01

352
735 9500

0000254 AT

FILED

01 SEP 25 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (5/01)

STAPLE CHECK HERE