

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000001505

1. Entity Name

FRISCO STONEBRIAR, LTD.

Principal Place of Business 7284 WEST PALMETTO PARK ROAD, SUITE 102
BOCA RATON FL 33433

Mailing Address 7284 WEST PALMETTO PARK ROAD, SUITE 102
BOCA RATON FL 33433

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.


City & State

Zip **Country**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1046453 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BLVD., STE. 4100
FT. LAUDERDALE FL 33433

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$7,900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

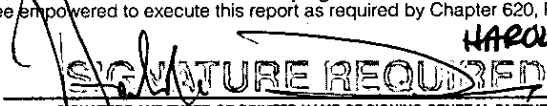
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	A00000001504	STREET ADDRESS	
NAME	PARKLAND FRISCO, LTD.	CITY-ST-ZIP	
STREET ADDRESS	7284 WEST PALMETTO PARK ROAD, SUITE 102		
CITY-ST-ZIP	BOCA RATON FL 33433		
DOCUMENT #		STREET ADDRESS	
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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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **DATE** 3/7/01 **Daytime Phone #** 904-393-7474

CR2E003 (11/00)