

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000487 AT

DOCUMENT # A01000000377

1. Entity Name

CLUB MAR ASSOCIATES, LTD.

FILED

02 SEP 16 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE IIA  
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE IIA  
MIAMI FL 33133

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 25, 2002

4. FEI Number

☒ 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

CLUB MAR, INC.  
2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE IIA  
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

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 # P01000026326  
NAME CLUB MAR, INC.  
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M01000001169  
NAME BH CLUB MAR, L.L.C.  
STREET ADDRESS 400 LOCUST STREET SUITE 690  
CITY-ST-ZIP DES MOINES IA 50309-2331

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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

Daytime Phone #

CR2E003 (4/02)