

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001028**

1. Entity Name

G.L. HOMES OF BOYNTON BEACH ASSOCIATES X, LTD.

FILED

02 APR 30 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

**1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071**

Mailing Address

**1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1125475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**G.L. HOMES OF BOYNTON BEACH X CORPORATION
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$27,198,000.00

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

DOCUMENT # **P01000073723**
NAME **G.L. HOMES OF BOYNTON BEACH X CORPORATION**
STREET ADDRESS **1401 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400005504144--2

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*****526.25 ***526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

Date

(954) 253-7730

Daytime Phone #

CR2E003 (9/01)