

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001029**

1. Entity Name

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

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

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1125476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**G.L. HOMES OF BOYNTON BEACH IX, LTD.
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name
G.L. Homes of Boynton Beach IX Corporation
Street Address (P.O. Box Number is Not Acceptable)
1401 University Drive, Suite 200
City
Coral Springs **FL** Zip Code
33071

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.

\$22,760,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**G.L. HOMES OF BOYNTON BEACH IX CORPORATION
1401 UNIVERSITY DRIVE, SUITE 200
CORAL SPRINGS FL 33071**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**900005504149--6
-05/10/02--01099--012
****526.25 ****526.25**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

(954) 253-1730

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE

FILED

02 APR 30 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

NO. 500

