

2002 UNIFORM BUSINESS REPORT (UBR)

0001906 AB

DOCUMENT # A02349

1. Entity Name
THE VERO BEACH DEVELOPMENT ASSOCIATION, LTD.

Principal Place of Business
**5865 - 34TH STREET
VERO BEACH FL 32960**

Mailing Address
**5865 - 34TH STREET
VERO BEACH FL 32960**

2. Principal Place of Business
5865-34 Street

3. Mailing Address
5865-34 ST

Suite, Apt. #, etc.

City & State
VERO BEACH - FL

City & State
VERO BEACH - FL


Zip
32966

Country
INDIAN RIVER

FILED

02 AUG 23 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY SEPTEMBER 25, 2002

4. FEI Number **59-1477982**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HATALA, LEONARD
5865-34 STREET
VERO BEACH FL 32960**

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

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

9. Capital Contributions as Shown on record. **\$160,000.00**

10. Amount of Capital Contributions in FLORIDA to date **NOT READILY AVAILABLE**

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 #		STREET ADDRESS	
NAME	HATALA, LEONARD	CITY-ST-ZIP	600007367146--7
STREET ADDRESS	5865 - 34TH STREET	STREET ADDRESS	-08/27/02--01034--002
CITY-ST-ZIP	VERO BEACH FL	CITY-ST-ZIP	***926.25 ***926.25
DOCUMENT #		STREET ADDRESS	
NAME	BARON, RUDOLF	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 622	STREET ADDRESS	
CITY-ST-ZIP	FLORENCE CO 81226-0622	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Leonard Hatala* *Aug 13-2002* *567-0099*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/02)