

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13382**

1. Entity Name

WILLOWBROOK ASSOCIATES, LTD.

FILED

02 JAN 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Principal Place of Business

1860 S.W. 68 AVE.
MIRAMAR FL 33023
US

Mailing Address

WILLOWBROOK ASSOC.
10 FAIRWAY DR., #308
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

3. Mailing Address

10 Fairway Drive
114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

4. FEI Number

59-2233199

Applied For

Not Applicable

Zip

Country

Zip

33441

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL, SAM
10 FAIRWAY DR.
STE. #114
DEERFIELD BEACH FL 33441

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

\$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

750,000

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
SPIEGEL, SAM
10 FAIRWAY DR., #114
DEERFIELD BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4000004789224-1
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DOCUMENT #
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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 REG SAUTS SPIEGEL

1/9/02 (954)429-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0012243 AT