

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

6896000
AV

DOCUMENT # **A15512**



1. Entity Name
LINTON INTRACOASTAL COMPANY, LTD.

FILED

2003 FEB -4 PM 12:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O GREENFIELD, KATZ DEV., ONE LINCOLN PL.
2300 GLADES ROAD, SUITE 100E
BOCA RATON FL 33431

Mailing Address
C/O GREENFIELD, KATZ DEV., ONE LINCOLN PL.
2300 GLADES ROAD, SUITE 100E
BOCA RATON FL 33431

2. Principal Place of Business
2 N Breakers Row

3. Mailing Address **% Stanley Katz**
2 N Breakers Row

DUE BY MAY 1, 2003

Suite, Apt. #, etc.
N-45

Suite, Apt. #, etc.
N-45

City & State
Palm Beach FL

City & State
Palm Beach FL 33480

4. FEI Number **59-2449657**

Applied For
Not Applicable

Zip
33480

Country
USA

Zip
33480

Country
USA

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

KORNFELD, GARY L
1400 CENTREPARK BLVD.
STE. 1000
WEST PALM BEACH FL 33401

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. **\$2,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **F08019**
NAME **LINTON INTRACOASTAL CORP**
STREET ADDRESS **C/O 2300 GLADES RD., #100E**
CITY-ST-ZIP **BOCA RATON FL 33431**

STREET ADDRESS

% Stanley Katz
2 N Breakers Row

CITY-ST-ZIP

Palm Beach FL 33480

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

02/04/03 01042 001 \$150.00

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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/03 561-8322090

CR2E003 (10/02)

STAPLE CHECK HERE