

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18191**

1. Entity Name

NORTH AMERICAN COMPANY LTD.

FILED

00 FEB -4 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE FL 33316

Mailing Address

312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE FL 33316-2524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2451745

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PALMER, CHARLES L.
312 S.E. 17TH STREET, SUITE 300
FT. LAUDERDALE FL 33316

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
PALMER, CHARLES L III
2205 MIDDLE RIVER DR.
FT. LAUDERDALE FL 33305

STREET ADDRESS

CITY - ST - ZIP

688883138246-0
-02/10/00--01002--015
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GORE, ROBERT H III
P.O. BOX 10053
NAPLES FL 34101

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GORE, ORRIN R
112 MELROSE DR.
MONTGOMERY TX 77356

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GORE, GEORGE H
23 MINNETONKA RD
SEA RANCH LAKES FL 33308

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GORE, MICHAEL J
7500 E. MCCORMICK PARKWAY, APT 70
SCOTTSDALE AZ 85258

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GORE, RICHARD S
% 1145 SEVENTEENTH STREET, N.W.
WASHINGTON DC 20036

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

Date

Daytime Phone #

2-2-00

954-463-0681

CR2E003 (9/99)