

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19826

1. Entity Name
1776 ASSOCIATES, LTD.

FILED

00 FEB 10 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1776 N. PINE ISLAND RD.
SUITE 318
PLANTATION FL 33322

Mailing Address
1776 N. PINE ISLAND RD.
SUITE 318
PLANTATION FL 33322-5235

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2523710**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MORRIS, ALLEN I
1776 NORTH PINE ISLAND ROAD, SUITE 318
PLANTATION FL 33322

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.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

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

9. Capital Contributions as Shown on record. **\$2,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$888,000.00**

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 **MORRIS, ALLEN I**
STREET ADDRESS **2751 OAKMONT**
CITY - ST - ZIP **FT. LAUDERDALE FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **HILLMAN, DAVID H**
STREET ADDRESS **1110 FIDLER LN. #310**
CITY - ST - ZIP **SILVER SPRING MD**

STREET ADDRESS **100003148261-4**
CITY - ST - ZIP **-02/25/00-01096-019**
******437.50 ****437.50**

DOCUMENT #
NAME **MORRIS, NATHAN**
STREET ADDRESS **ROUTE #2-BOX 875**
CITY - ST - ZIP **STEVENSVILLE MD**

STREET ADDRESS

CITY - ST - ZIP **100003148261-4**
-02/25/00-01096-020
*******88.75 *****88.75**

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

1/18/00 **9544741776**
Date Daytime Phone #

CRZE003 (9/99)