

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19854**

1. Entity Name

**ROYAL PALM BEACH COLONY, LIMITED PARTNERSHIP**

Principal Place of Business  
2501 SOUTH OCEAN DRIVE  
HOLLYWOOD FL 33019

Mailing Address  
2501 SOUTH OCEAN DRIVE  
HOLLYWOOD FL 33019-2633

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -6 AM 9:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2501059**

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

**FROST, IRWIN M**  
**200 S. BISCAYNE BLVD., #4750**  
**MIAMI FL 33131**

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.

**\$28,314,744.00**

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 # **H37805**  
NAME **STEIN MANAGEMENT CO. INC**  
STREET ADDRESS **2501 S. OCEAN DRIVE**  
CITY - ST - ZIP **HOLLYWOOD FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **A30968**  
NAME **HASAM REALTY LIMITED PAR**  
STREET ADDRESS **2501 S. OCEAN DRIVE**  
CITY - ST - ZIP **HOLLYWOOD FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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: BY LINDA BAER **SIGNATURE REQUIRED** LINDA BAER **3-20-00** (954) 927-3080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**ASST SECRETARY**