

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A20618

1. Entity Name

TRI-FARMS ASSOCIATES, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

60 APR 27 AM 3:05

Principal Place of Business

Mailing Address

1900 Glades Road
Suite 245
Boca Raton Fl 33431-8548

1900 Glades Road
Suite 245
Boca Raton Fl 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2536482

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

Greenberg, Martin F.
1900 Glades Road
Suite 245
Boca Raton Fl 33431

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 # F37401
NAME FLA. N.E. Dev. Corp.
STREET ADDRESS 1900 Glades Road Ste 245
CITY-ST-ZIP Boca Raton Fl

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 374462
NAME Security Land Holding Co.
STREET ADDRESS 2646 S.W. 20th Street
CITY-ST-ZIP Ocala Fl

STREET ADDRESS

CITY-ST-ZIP

500003259455--3
-15/19/00--01084--021

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Martin F. Greenberg

Pres. Fla. N.E. Dev. Corp.

4/24/00

561

347-8585

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)