

2000 UNIFORM BUSINESS REPORT (UBR)

200647 AI

DOCUMENT # A20685

1. Entity Name
D & C - PORT ST. LUCIE LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 5:33

Principal Place of Business
C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR
FORT LAUDERDALE FL 33316-1110

Mailing Address
C/O HALLIDAY GROUP REALTY MANAGEMENT, INC.
1100 SOUTHEAST THIRD AVENUE, SECOND FLOOR
FORT LAUDERDALE FL 33316-1110



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2581257**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DWORS, ROBERT F
1629 NE FOURTH COURT
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name **Robert F. Dwors**
Street Address (P.O. Box Number is Not Acceptable) **1 South Victoria Park Road**
City **Fort Lauderdale, FL** Zip Code **33301**

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 *Robert F. Dwors* (NOTE: Registered Agent signature required when reinstating) DATE 3/06/00

9. Capital Contributions as Shown on record. **\$1,195,000.00**

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	DWORS, ROBERT F. 1629 NE 4TH COURT FORT LAUDERDALE FL	STREET ADDRESS CITY - ST - ZIP	1 South Victoria Park Road Fort Lauderdale, FL 33301
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<i>h</i>	STREET ADDRESS CITY - ST - ZIP	<i>N/A 3/20</i>
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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: *Robert F. Dwors* **REQUIRED** DATE 3/6/00 (954) 767-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Robert F. Dwors

166/6 100 7.0