

# 2002 UNIFORM BUSINESS REPORT (UBR)

0021045 SP

DOCUMENT # **A22420**

1. Entity Name  
**GLADES FIRST COURT ASSOCIATES, LTD.**

Principal Place of Business  
**ADMIN. BLDG., 100 CENTURY BLVD.  
WEST PALM BEACH FL 33417**

Mailing Address  
**ADMIN. BLDG., 100 CENTURY BLVD.  
WEST PALM BEACH FL 33417**

**FILED**  
**02 APR 15 PM 1:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2662012**

Applied For  
Not Applicable

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

**LEVY, MARK F**  
**ADMIN. BLDG., 100 CENTURY BLVD.**  
**WEST PALM BEACH FL 33417**

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

9. Capital Contributions as Shown on record. **\$500,000.00**

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 # **G16661**  
NAME **DEL FINANCIAL CORP.**  
STREET ADDRESS **ADMIN. BLDG., 100 CENTURY BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

STREET ADDRESS

CITY-ST-ZIP

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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: *Mark F Levy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **MARK F. LEVY**

**4/9/02** **561-640-3114**  
Date Daytime Phone #

CR2E003 (9/01)