

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22809**

1. Entity Name

BOCA HAMPTONS PLAZA GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



Principal Place of Business

**222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401-6150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2717239

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP
222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above **Regserv Corp.**

changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By:

Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

9. Capital Contributions
as Shown on record.

\$2,024,300.00

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 # **H42691**
NAME **D.A. SANDS & COMPANY**
STREET ADDRESS **222 LAKEVIEW AVENUE 17TH FLOOR**
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo
Vice President

Date

Daytime Phone #

4/27/00 (561) 655-9008