

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23604**

1. Entity Name

**D & C - CENTRAL PARK PLACE, LTD.**

APPROVED  
AND  
FILED

00 MAR 30 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 4/10*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

790 E. BROWARD BLVD  
SUITE 300  
FT. LAUDERDALE FL 33301

Mailing Address

ONE FINANCIAL PLAZA, STE. 2001  
FT. LAUDERDALE FL 33394-0005

2. Principal Place of Business

*9600-9700 W. Broward Blvd.*

3. Mailing Address

*P.O. Box 273445*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Plantation, FL*

City & State

*Boca Raton FL*

4. FEI Number

**65-0000897**

Applied For

Not Applicable

Zip

*33324*

Country

Zip

*33427*

Country

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

6. Name and Address of Current Registered Agent

CURRAN, DERRANCE W.  
790 EAST BROWARD BLVD.  
SUITE 200  
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) *One South Victoria Park Road*  
City *Ft. Lauderdale, FL* ~~33324~~ *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* *Robert F. Dwors* *3/7/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Capital Contributions as Shown on record.

**\$600,000.00**

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

DOCUMENT #  
NAME CURRAN, DERRANCE W.  
STREET ADDRESS 56 HENDRICKS ISLE  
CITY - ST - ZIP FT. LAUDERDALE FL

DOCUMENT #  
NAME DWORS, ROBERT F.  
STREET ADDRESS 1629 N.E. 4TH COURT  
CITY - ST - ZIP FT. LAUDERDALE FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS *One South Victoria Park Road*  
CITY - ST - ZIP *Ft. Lauderdale FL 33301*

STREET ADDRESS  
CITY - ST - ZIP  
**200003204992--4**  
**-04/11/00--01148--008**  
**\*\*\*526.25 \*\*\*526.25**

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

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

*3/7/00*  
Date Daytime Phone #

0011100  
1  
166110011999