

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013602 AF

DOCUMENT # **A24867**

1. Entity Name

**SES GROUP - LAKE COUNTY ASSOCIATES, LTD.**

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**9460 FONTAINEBLEAU BLVD.  
LEASING OFFICE  
MIAMI FL 33172**

**P.O. BOX 56-1108  
MIAMI FL 33256-1108**

2. Principal Place of Business

3. Mailing Address

**1794 Victoria Pt Cir**

**PO Box 26-7775**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Weston FL**

**Weston FL**

Zip

Country

Zip

Country

**33327**

**33326**

4. FEI Number

**59-2835371**

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

**JONES, ROBERT C  
9460 FONTAINEBLEAU BLVD.  
LEASING OFFICE  
MIAMI FL 33172**

Name

**Melissa Rice**

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

**1794 Victoria Pt Cir**

City

**Weston**

FL

Zip Code

**33327**

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

*Melissa Rice*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-01**

9. Capital Contributions  
as Shown on record.

**\$1,025,000.00**

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  
**JONES, ROBERT C.  
9460 FONTAINEBLEAU BLVD.  
MIAMI FL 33172**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CLANCY, PETER J.  
13600 SW 79TH CT  
MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

**200004211452--8**

**05/11/01 01054-011**

**\*\*\*\*526.25 \*\*\*\*526.25**

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-20-01**

Date

**9546616240**

Daytime Phone #

CR2E003 (11/00)