

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26003**

1. Entity Name

DUBLIN ASSOCIATES, LTD.

FILED

02 FEB -7 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5310 N.W. 33RD AVENUE, SUITE 219
FT. LAUDERDALE FL 33309

5310 N.W. 33RD AVENUE, SUITE 219
FT. LAUDERDALE FL 33309



2. Principal Place of Business

4901 NO FEDERAL HWY

3. Mailing Address

4901 NO FEDERAL HWY

Suite, Apt. #, etc.

STE 100

Suite, Apt. #, etc.

STE 100

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33308

Country

Zip

33308

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0135649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARBER, KENNETH T
5310 NW 33 AVENUE
SUITE 219
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

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

4901 NO FEDERAL HWY

SUITE 100

City **FT LAUDERDALE**

FL

Zip Code

33308

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

[Signature]

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

DATE

9. Capital Contributions as Shown on record.

\$495.00

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 # **M69567**
NAME **EASTBORNE CORPORATION**
STREET ADDRESS **5310 N.W. 33RD AVE., STE. 219**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4901 NO FEDERAL HWY STE 100**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

DOCUMENT #
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Signature]
1/31/02

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CR2E003 (9/01)

STATE CHECK HERE