

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26172**

1. Entity Name

**FOXCROFT ASSOCIATES LTD.**

Principal Place of Business

**400 SEASAGE DRIVE APT. 204  
DELRAY BEACH FL 33483**

Mailing Address

**400 SEASAGE DRIVE APT. 204  
DELRAY BEACH FL 33483-6754**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CROFT, ROBERT E.  
400 SEASAGE DRIVE APT. 204  
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

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  
STREET ADDRESS  
CITY - ST - ZIP  
**CROFT, ROBERT E.  
400 SEASAGE DR. APT 204  
DELRAY BCH FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**100003119151--2**

**-02/01/00--01112--025**

**\*\*\*\*141.25 \*\*\*\*141.25**

STREET ADDRESS

CITY - ST - ZIP

**np 1/28**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**Robert E. Croft**

Date

**1/25/2000**

Daytime Phone #

**1-561-265-2698**

FILED

00 JAN 27 AM 10:35

SECRETARY OF STATE  
FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)