

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001760 A1

DOCUMENT # **A26478**

1. Entity Name

NORTH RIDGE LIMITED PARTNERSHIP

02 MAY 31 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2000 PALM BEACH LAKES BLVD.
SUITE 301
WEST PALM BEACH FL 33409**

Mailing Address

**2000 PALM BEACH LAKES BLVD.
SUITE 301
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0048100

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

**TERRA CAPITAL COMPANY, INC.
2000 PALM BEACH LAKES BLVD.
SUITE 301
WEST PALM BEACH FL 33409**

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.

DATE

9. Capital Contributions
as Shown on record.

\$19,000.00

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 # **J74439**
NAME **TERRA CAPITAL COMPANY, INC.**
STREET ADDRESS **2000 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

STREET ADDRESS

CITY-ST-ZIP

4000005725504--0

DOCUMENT # **M67224**
NAME **SUPRA MANAGEMENT CO.**
STREET ADDRESS **2000 PALM BEACH LAKES BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

STREET ADDRESS

CITY-ST-ZIP

-06/07/02--01044--002

******221.75 ****221.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

133-Lp

88.75-Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Carol - HARTS x **5/25/02** **561-686-6968**

CR2E003 (9/01)