

2001 UNIFORM BUSINESS REPORT (UBR)

0008788 AF

DOCUMENT # **A27156**

1. Entity Name

GLENWOOD ASSOCIATES, LTD.

FILED

01 APR -5 AM 11:05

WJ

Principal Place of Business

Mailing Address

**621 N.W. 53RD STREET
SUITE 255
BOCA RATON FL 33487**

**621 N.W. 53RD STREET
SUITE 255
BOCA RATON FL 33487**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0076788

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GORAY, GERALD A.
621 N.W. 53RD STREET, #255
ONE PARK PLACE
BOCA RATON FL 33487**

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.

\$10,000.00

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 # **P11573**
NAME **GORAY DEVELOPMENT CO.**
STREET ADDRESS **ONE PARK PLACE, 621 NW 53RD STREET, #255**
CITY-ST-ZIP **BOCA RATON FL 33487**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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****158.75 ****158.75**

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 of Gerald A. Goray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
G. A. GORAY

03/12/01

Date

561/994-2729

Daytime Phone #

CR2E003 (11/00)