## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** A27224 DOCUMENT # May 02, 2000 8:00 am Secretary of State 1. Entity Name 444 SEABREEZE BOULEVARD ASSOCIATES, LTD. # 16 . O 10 Principal Place of Business Mailing Address % LOEB PARTNERS REALTY & DEVELOPMENT CORP. % LOEB PARTNERS REALTY & DEVELOPMENT CORP 444 SEABREEZE BLVD.. SUITE 800 444 SEABREEZE BLVD., SUITE 800 DAYTONA BEACH FL 32118-3953 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2925488 Not Applicable Zip **\$8.75** Additional 5.- Certificate of Status Desired 🚅 🗻 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MR. CHARLES D. HOOD, JR. MONACO, SMITH, Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 15200 444 SEABREEZE BLVD. SUITE #900 DAYTONA BEACH FL 32118 City Zip Code FL 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. SHOW ALL SHOP STEELS E STERRY SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$5,500,000,00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. CALLES THE TAIL 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. CR2E003 (9/99) DOCUMENT # STREET ADDRESS LOEB PARTNERS REALTY ANDDEVELOPMENT CORP. NAME 444 SEABREEZE BLVD. #800 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-78P CITY-ST-7P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME -06/09/00--01093--019 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCLIMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 34. 1065 Cachy 1085 Realty 1086 Processor 34. 1065 Cachy 1086 Realty 1086 Processor 35. 1065 Cachy 1086 Realty 1086 Processor 36. 1086 Realty 1086 Processor