

2001 UNIFORM BUSINESS REPORT (UBR)

0011607 AF

DOCUMENT # **A27224**

1. Entity Name

444 SEABREEZE BOULEVARD ASSOCIATES, LTD.

Principal Place of Business

% LOEB PARTNERS REALTY & DEVELOPMENT CORP.

444 SEABREEZE BLVD., SUITE 800

DAYTONA BEACH FL 32118

Mailing Address

% LOEB PARTNERS REALTY & DEVELOPMENT CORP.

444 SEABREEZE BLVD., SUITE 800

DAYTONA BEACH FL 32118

FILED

01 FEB -1 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

444 Seabreeze Blvd

Suite, Apt. #, etc.

Suite 100

Daytona Beach, FL

32118

USA

City & State

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4. FEI Number

59-2925488

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

MR. CHARLES D. HOOD, JR. MONACO, SMITH,

P.O. BOX 15200

444 SEABREEZE BLVD. SUITE #900

DAYTONA BEACH FL 32118

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.

\$5,500,000.00

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 # **834637**
NAME **LOEB PARTNERS REALTY AND DEVELOPMENT CORP.**
STREET ADDRESS **444 SEABREEZE BLVD. #800**
CITY-ST-ZIP **DAYTONA BEACH FL**

STREET ADDRESS **444 Seabreeze Blvd., #100**
CITY-ST-ZIP **Daytona Beach, FL 32118**

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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 #

CR2E003 (11/00)