

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27575**

1. Entity Name

GREENIE PARTNERS NO. 2, LTD.

Principal Place of Business

C/O MARTIN F. GREENBERG
1900 GLADES ROAD, SUITE 245
BOCA RATON FL 33431

Mailing Address

C/O MARTIN F. GREENBERG
1900 GLADES ROAD, SUITE 245
BOCA RATON FL 33431-8548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0088967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 MAR -8 PM 3:13

SECRETARY OF STATE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENBERG, MARTIN F

~~3700 AIRPORT ROAD~~

~~SUITE 401~~

BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE LINCOLN PLACE

1900 GLADES ROAD STE 245

City **BOCA RATON**

FL

Zip Code **33431**

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.

MARTIN F. GREENBERG

(NOTE: Registered Agent signature required when reinstating)

3/24/00

DATE

9. Capital Contributions as Shown on record..

\$1,075,000.00

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 # **M42113**
NAME **GREEN PINES MANAGEMENT COMPANY**
STREET ADDRESS **3700 AIRPORT ROAD., SUITE 401**
CITY - ST - ZIP **BOCA RATON FL**

STREET ADDRESS **ONE LINCOLN PLACE**
1900 GLADES ROAD STE 245
CITY - ST - ZIP **BOCA RATON FL 33431**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN F. GREENBERG, Pres. **3/24/00** **561**
GREEN PINES MANAGEMENT Co. **347-8585**

Date

Daytime Phone #

CR2E003 (9/99)