

2002 UNIFORM BUSINESS REPORT (UBR)

0003321 SP

FILED

02 OCT 23 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A28122

1. Entity Name

D & C-SUNRISE & FLAMINGO, LTD.

Principal Place of Business

Mailing Address

1015 SOUTHEAST 16TH ST.  
FT. LAUDERDALE FL 33316

1015 SOUTHEAST 16TH ST.  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0112459

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

CHANDLER  
2001 SAILFISH POINT -411  
STUART FL 34996

Name Robert E. Murdoch

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

790 E. Broward Boulevard, Suite 400

City Fort Lauderdale

FL

Zip Code 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert E. Murdoch  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9/4/02

9. Capital Contributions  
as Shown on record.

\$750,000.00

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 #  
NAME CHANDLER  
STREET ADDRESS 1015 SOUTHEAST 16TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

STREET ADDRESS

900008533349

CITY-ST-ZIP

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CITY-ST-ZIP

10/24  
[Signature]

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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHANDLER 9/4/02

Date

Daytime Phone #

CA-2E003 (4/02)