

# 2000 UNIFORM BUSINESS REPORT (UBR)

000002 A

DOCUMENT # **A28488**

1. Entity Name  
**GYP '87, LTD.**

**FILED**  
**00 FEB 21 PM 12:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**777 SOUTH FLAGLER DRIVE**  
**SUITE 500 EAST**  
**WEST PALM BEACH FL 33401**

Mailing Address  
**777 SOUTH FLAGLER DRIVE**  
**SUITE 500 EAST**  
**WEST PALM BEACH FL 33401-6161**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0124342**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEALL, KENNETH S., JR.**  
**777 SOUTH FLAGLER DRIVE**  
**SUITE 500, PHILLIPS POINT**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$820,000.00**

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 #	K89724		STREET ADDRESS	
NAME	GYP '87 CORP		CITY - ST - ZIP	
STREET ADDRESS	777 S. FLAGLER DR., #500			
CITY - ST - ZIP	WEST PALM BEACH FL			
DOCUMENT #			STREET ADDRESS	
NAME			CITY - ST - ZIP	
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**-02/23/00--01020--007**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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]* **SIGNATURE REQUIRED** *Pres of Gyp, '87 Inc* **541 650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)