

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013898 AF

DOCUMENT # **A28650**

1. Entity Name

**TREASURE COAST REALTY INVESTORS, LTD.**

**FILED**

*W 7/17*

01 JUL 17 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>411 NORTH U.S. 1 FORT PIERCE FL 34950</b>	Mailing Address <b>411 NORTH U.S. 1 FORT PIERCE FL 34950</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0123349</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, HOYT C JR.  
411 NORTH U.S. 1  
FT. PIERCE FL 34950**

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. <b>\$383,777.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>407,045.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
DOCUMENT #	<b>MURPHY, HOYT C JR.</b>
NAME	<b>411 NORTH U.S. 1</b>
STREET ADDRESS	<b>FT. PIERCE FL</b>
CITY-ST-ZIP	
DOCUMENT #	<b>184847</b>
NAME	<b>HOYT C. MURPHY, INC. REALTORS</b>
STREET ADDRESS	<b>411 NORTH U.S. 1</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>900004485479--3</b>
STREET ADDRESS	<b>-07/19/01-01013-003</b>
CITY-ST-ZIP	<b>****689.13 ****526.25</b>
STREET ADDRESS	<b>FF \$526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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]* **SIGNATURE REQUIRED** 4/27/01 (561) 460-2085  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)