

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008601 AV

DOCUMENT # **A28915**

1. Entity Name
4400 UNIVERSITY LIMITED PARTNERSHIP



Principal Place of Business
**16 MT. EBO ROAD SOUTH, STE. 22
BREWSTER NY 10509**

Mailing Address
**2295 CORPORATE BLVD. NW, #131
C/O SEVELL REALTY PARTNERS, INC.
BOCA RATON FL 33431**

FILED

03 JUN 18 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **13-3538529**

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

**SEVELL, ARNOLD
% SEVELL REALTY PARTNERS, INC.
2295 CORPORATE BLVD., NW, #131
BOCA RATON FL 33431**

Name

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

**800020377308
06/18/03--01061--003 **526.25**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions **\$3,300,000.00**
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **DAVIS, BARRY M.**
STREET ADDRESS **301 FIELDS LANE**
CITY-ST-ZIP **BREWSTER NY 10509-9808**

STREET ADDRESS **16 Mt Ebo Rd S., Suite 22**
CITY-ST-ZIP **Brewster, NY 10509**

DOCUMENT #
NAME **GAMAR, PETER D.**
STREET ADDRESS **301 FIELDS LANE**
CITY-ST-ZIP **BREWSTER NY 10509-9808**

STREET ADDRESS **16 Mt Ebo Rd S., Suite 22**
CITY-ST-ZIP **Brewster, NY 10509**

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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

Date

Daytime Phone #

5.14.03

CR2E003 (10/02)

STAPLE CHECK HERE