

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29709**

1. Entity Name

BROOKSIDE TREE FARM LIMITED PARTNERSHIP

FILED

02 FEB 25 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

%BROOKSIDE TREE FARM, INC.
288 Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

Mailing Address

%BROOKSIDE TREE FARM, INC.
288 Z SMITH SUNDY ROAD
DELRAY BEACH FL 33446

2. Principal Place of Business

5801 N Congress Ave

3. Mailing Address

5801 N Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0198522

Applied For

Not Applicable

Zip

33487

Country

Palm Beach

Zip

33487

Country

Palm Beach

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

6. Name and Address of Current Registered Agent

**BROOKSIDE TREE FARM, INC.
288 Z SMITH SUNDY RD
DELRAY BEACH FL 33446**

Name

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

5801 N Congress Avenue

City

Boca Raton

FL

Zip Code

33487

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions as Shown on record.

\$870,000.00

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

DOCUMENT # **L48195**
NAME **BROOKSIDE TREE FARM INC**
STREET ADDRESS **7085 AYRSHIRE LANE**
CITY-ST-ZIP **BOCA RATON FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5801 N Congress Avenue

CITY-ST-ZIP

Boca Raton, FL 33487

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

400005033184--8

CITY-ST-ZIP

-03/04/02--01003--020

******526.25 ****526.25**

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:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steve Wolf

2/15/02

561-498-7600

CR2E003 (9/01)