

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30442**

1. Entity Name

STUART CENTER ASSOCIATES, LTD.

Principal Place of Business

218 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

P.O. BOX 2771
PALM BEACH FL 33480

FILED

01 APR 16 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

324 Royal Palm Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 231

City & State
Palm Beach, FL

City & State

4. FEI Number **65-0228233**

Applied For

Not Applicable

Zip
33480

Country
USA

Zip

Country

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

HAISFIELD, RANDY

~~735 COLORADO AVENUE~~ 324 Royal Palm Way, Ste. 231
~~STUART FL 34994~~ Palm Beach, FL 33480

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10.00

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 # **S80713**
NAME **S.C.A. & COMPANY, INC.**
STREET ADDRESS **735 COLORADO AVENUE, SUITE 6**
CITY-ST-ZIP **STUART FL**

STREET ADDRESS **324 Royal Palm Way, Suite 231**
CITY-ST-ZIP **Palm Beach, FL 33480**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lisa E. Haisfield 4/11/01 561-653-2829
Lisa E. Haisfield, Director

Daytime Phone #

0008500 AF

CP2E003 (11/00)