

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31741**

1. Entity Name

PRESIDENTIAL PLACE PARTNERS, LTD.

Principal Place of Business

2300 NORTHWEST CORPORATE BLVD., STE. 238  
BOCA RATON FL 33431

Mailing Address

2300 NORTHWEST CORPORATE BLVD., STE. 238  
BOCA RATON FL 33431-7308

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 3:05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0297414**

Applied For  
Not Applicable

Zip

Country

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

FLORA, TERRY  
3003 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES FL 34103

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.

\$12,404,700.00

10. Amount of Capital Contributions in FLORIDA to date.

\$12,404,700.00

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 # **S61399**  
NAME **JWT/PRESIDENTIAL, INC.**  
STREET ADDRESS **2300 N.W. CORP. BL, #238**  
CITY - ST - ZIP **BOCA RATON FL**

STREET ADDRESS

CITY - ST - ZIP

33431

DOCUMENT # **S55260**  
NAME **COLLIER PRESIDENTIAL, INC**  
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH**  
CITY - ST - ZIP **NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

3003 Tamiami Trail N. Ste 400

34103

DOCUMENT #  
NAME  
STREET ADDRESS  
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STREET ADDRESS

CITY - ST - ZIP

000003266790-0079  
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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: *Callin Management Services, Inc., G.P.*  
*By: SIGNATURE REQUIRED Terry L. Flora* 4/20/00 941-261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)