

2001 UNIFORM BUSINESS REPORT (UBR)

Doc. 368 AF

DOCUMENT # **A32290**

1. Entity Name

PETER PAN ASSOCIATES, LTD.

Principal Place of Business

**111 E. BOCA RATON RD.
BOCA RATON FL 33432**

Mailing Address

**111 E. BOCA RATON RD.
BOCA RATON FL 33432**

FILED

01 JAN 29 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 N. FEDERAL HIGHWAY

3. Mailing Address

140 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.
#200

Suite, Apt. #, etc.
#200

City & State
BOCA RATON, FL 33432

City & State
BOCA RATON, FL 33432

4. FEI Number **65-0299917**

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

**TALBOTT, GREGORY K
111 E. BOCA RATON RD.
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)
140 N. FEDERAL HIGHWAY, SUITE # 200

City **BOCA RATON** **FL** Zip Code **33432**

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. **\$250.00**

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 # **S96501**
NAME **PETER PAN ASSOCIATES INC**
STREET ADDRESS **111 E. BOCA RATON RD.**
CITY-ST-ZIP **BOCA RATON FL**

STREET ADDRESS **140 N. FEDERAL HIGHWAY**
CITY-ST-ZIP **BOCA RATON, FL 33432**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

900003630759-4

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**-02/02/01--01067--017
****150.00 ****150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (1/1/00)