

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008254 AF

**DOCUMENT # A32541**

1. Entity Name

LEE ESTATES LTD.

**FILED**

01 APR 26 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 541359  
LAKE WORTH FL 33454

Mailing Address

P.O. BOX 541359  
LAKE WORTH FL 33454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2176 JOG ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENACRES, FL

City & State

/

4. FEI Number

65-0319544

Applied For

Not Applicable

Zip

33415

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

RAUCH, HARRY  
2176 JOG ROAD  
WEST PALM BEACH FL 33415

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.

**\$9,500.00**

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 # L50686  
NAME LEE ESTATES, INC.  
STREET ADDRESS 2176 JOG ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33415

STREET ADDRESS  
CITY-ST-ZIP

400004192714--2  
-05/10/01--01041--005  
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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 RAUCH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/2001 561 9646501  
Date Daytime Phone #

CR2E003 (11/00)